N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38100
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 4334

(c) City Kansas City — (d) Street No. St. Josephs' Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 604 Mrs. Christina M Purcell

(a) Residence, No. 2410 Brighton St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Purcell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 5 1906

7. AGE: YEARS 32 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Michael Ferstl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria--Germany

MOTHER
15. MAIDEN NAME: Anna Goetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria--Germany

17. INFORMANT (ADDRESS): Edw Purcell 2410 Brighton

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 11/7/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin Co 20 West Linwood

20. FILED: Nov. 6, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 4 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov. 4, 1938
I last saw her alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 11:45 A M
The principal cause of death and related causes of importance were as follows:

Intestional obstruction
Probable Nov 1st 1938
Probably due to a volvulus
12 2 B

Date of onset

Other contributory causes of importance:
Vasomotor collapse.

Name of operation: none — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Farnsworth, M. D.
(Address) 730 Prof Bld K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.