

DEC 14 1938

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

38162
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. General 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.

Registered No. 4396

2. PRINT FULL NAME Katherine Pearl KING

(a) Residence, No. 3728 Baltimore 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 Jay W King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1914.

7. AGE YEARS 24 MONTHS 3 DAYS 1 IF LESS than 1 day, hrs. or min.

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) Weber (STATE OR COUNTRY) Kansas

FATHER 13. NAME Benj. Good

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Grande Woodard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Jay W. King, husband, 3728 Baltimore, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior, Nebr. DATE 11/12/38.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody - McGilley K. C. Mo.

20. FILED Nov 11, 1938 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-38 19

22. I HEREBY CERTIFY, That I attended deceased from 11-10-38 19...
 I learned of the death on 11-10-38 19... Death is said to have occurred on the date stated above, at 4:10 a.m.
 The principal cause of death and related cause of importance were as follows:

Acute phosphorus poisoning
 Date of onset 11-10-38

Other contributory causes of importance:

Name of operation Autopsy Date of 11-10-38
 What test confirmed diagnosis? Chemical analysis shows phosphorus Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 11-9-38

Where did injury occur? At home (Specify city or town, county, and State)
 Specify whether injury occurred outdoors, in home, or in public place.

Manner of injury Self-inflicted - homicidal
 Nature of injury analysis shows phosphorus

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Self-inflicted

(Signed) M. M. Browne M. D.

(Address) New Hope, K.C. Mo

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.

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 comply with the above constitutes grounds for revocation of license.)

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