

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

**38323**  
Do not use this space.

1. PLACE OF DEATH **DEC 14 1938**  
 (a) County Jackson Registration District No. 395  
 (b) Township Lea Primary Registration District No. 1002 Registered No. 4557  
 (c) City Kansas City (d) Street No. Children's Mercy 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 Thelma Joyce Gattow  
 (a) Residence, No. Leeds, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 2 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Balton, Missouri  
 FATHER 13. NAME J. M. Julian Gattow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lea, Va.  
 MOTHER 15. MAIDEN NAME Iva Vidak Bellings  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown, Missouri  
 17. INFORMANT J. M. Julian Gattow  
 (ADDRESS) Raytown, Mo.  
 18. BURIAL, CREMATION, OR REMAINS Raytown Mo.  
 PLACE Brookings Cemetery DATE Nov 23 - 1938  
 19. FUNERAL DIRECTOR (NAME) Robert K. Fegert  
 (ADDRESS) Raytown, Mo.  
 20. FILED Nov. 23, 1938 M. M. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from November 21, 1938, to November 23, 1938  
 I last saw h. or alive on November 23, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Primary Broncho pneumonia  
107a  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) N. B. Soderberg, M. D.  
 (Address) 5017 W. Grand St.

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, \_\_\_\_\_

E. Clark Fegent by Norman Becker

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

Signed E. Clark Fegent

Licensed Embalmer No. 3983

P. O. Address Raytown, Mo.

**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.**