

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

38407
 Do not use this space.

DEC 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas / City (d) Street No. 5736 Cherry 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 Mrs Elizabeth Powers Rose
 (a) Residence, No. 5736 Cherry 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June R. Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 31, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43		28	

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) No.

FATHER 13. NAME Thomas Powers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Wask Schindler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs H. E. Casey
 (ADDRESS) 223 Galdstone Blvd. K. G. Mo.

18. BURIAL, CREMATION, OR REMOVAL Removal
 PLACE St. Louis DATE 11/29/38

19. FUNERAL DIRECTOR (NAME) W. F. Hayberry
 (ADDRESS) 2315 Linwood Blvd. K. G. Mo.

20. FILED Nov 29, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28/38

22. I HEREBY CERTIFY That I attended deceased from October, 1933, to Nov-27, 1938
 I last saw h. alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Failure
Chronic Myocarditis
 Date of onset 6 yrs

Name of operation Clinical Date of No
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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 George J. O'Leary M. D.
 (Signed) George J. O'Leary (Address) 116 W. 47th St. 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.

APR 16 1948

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.

Handwritten signature