REC'D DEC 1 9 1938

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

39367
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 398
(b) Township 1 Primary Registration District No. 3019 Registered No. 314
(c) City Independence (d) Street No. 401 1/2 North Pleasant 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.
(65)

2. PRINT FULL NAME Lula Krenzer
(a) Residence, No. 401 1/2 North Pleasant 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13-1876
7. AGE: Years 62 Months 9 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as saw mill, bank, etc.: at Home
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): Lees Summit Missouri

FATHER
13. NAME: Rit. Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Kentucky

MOTHER
15. MAIDEN NAME: Emma Youngers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lees Summit Missouri

17. INFORMANT (ADDRESS): Denny Krenzer 401 1/2 No. Pleasant
18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood DATE: Nov. 14 1938
19. FUNERAL DIRECTOR (ADDRESS): George C. Carson Independence, Mo.
20. FILED: 11-15-1938 H. L. Cole Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 12 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938, to Nov 12 1938
I last saw h... alive on Oct 21 1938. Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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 ....., 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) R. L. Fickle, M. D.
(Address) 1095 Rio Vista Blvd

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(Licensed Embalmer's Statement on Reverse Side)

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.

7443 State Line

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L.E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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