

REC'D JAN 13 1938

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

41754
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Jean
(c) City Kansas City

Registration District No. 355
Primary Registration District No. 1002

Registered No. 4820

(d) Street No. 72 C Gen Hosp 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. 8 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 310 Forest 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kenneth J. Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mo

13. NAME George Johnson

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

15. MAIDEN NAME Mildred Tomlin

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

17. INFORMANT (ADDRESS) Reina Clark
72 C Gen Hosp 72 C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 12-12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edo Bros Funeral Home
1416 Minor Ave W. P. K.

20. FILED Dec 10 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1938, to 12-9, 1938

I last saw he alive on 12-9, 1938 Death is said to have occurred on the date stated above, at 10:50 PM

The principal cause of death and related causes of importance were as follows:

Acute streptococcal septicemic T.O.
Perinephrathy 145a
Parturition

Name of operation Perinephrathy Date of 145a
What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) P. H. De V. ... M. D.
(Address) Supt 72 C Gen Hosp P. K. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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,

Rollie M. Eads

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Rollie M. Eads*

Licensed Embalmer No. *2381*

P. O. Address *Kansas City, Kansas*

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.