

DEC 9 1938

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

41778

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Osaw Primary Registration District No. 1007
(c) City Kansas City (d) Street No. 2419 Campbell 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

(a) Residence, No. 2419 Campbell 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 ♂ 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Hadley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1879

7. AGE YEARS 59 MONTHS 3 DAYS 15 IF LESS than 1 day, hrs. or min.

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) Glasgow Mo.13. NAME Green Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Laura Cropp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Norma Robinson
2419 Campbell18. BURIAL, CREMATION, OR REMOVAL PLACE Negland DATE 12/12 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros.
1729 Lydia20. FILED Dec 12 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 193822. I HEREBY CERTIFY, That I attended deceased from 12-8, 1938, to 12-9, 1938I last saw her alive on 12-8, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Coronary Insufficiency
(Systemic mumm)
95%
Date of onset

Other contributory causes of importance:

Renal ColicName of operation none Date of _____What test confirmed diagnosis? physical Was there an autopsy? _____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? No

If so, specify _____

(Signed) S. S. [Signature], M. D.(Address) 226 [Address]

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,

W. B. Hatkine, or by

Registered Apprentice No., working under my personal supervision.

Signed *W. B. Hatkine*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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.