

DEC 13 1938

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

41887  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Staw Primary Registration District No. 1092 Registered No. 4953  
 (c) City Kansas City (d) Street No. St Joseph 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

(a) Residence, No. 565 Mrs. Dorothy Samark St.   
1328 Benton (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thm Samark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 10 11

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Diet Cook  
 9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Seal Hoop  
 10. Date deceased last worked at this occupation (month and year) Jan 24, 38 11. Total time (years) spent in this occupation 1yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind.

FATHER 13. NAME Curtis G. Williams

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

MOTHER 15. MAIDEN NAME Hattie Sayre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT Mrs Hattie Chaille  
 (ADDRESS) 3825 Prospect Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Headlawn Independence Mo. DATE Dec 23 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Newcomer Sons  
13 Mahareek + Passes

20. FILED Dec 21, 1938 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Dec 20, 1938  
 I last saw her alive on Dec 19, 1938 Death is said to have occurred on the date stated above, at 4:05 A M.

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

Carcinoma of the cervix 48

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? autopsy 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) W. S. W. W. W., M. D.

(Address) 919 River Bldg.

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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No. 3976

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.**