

REC'D JAN 13 1938

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

42093
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. North Hospital Registered No. 158
 (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 Infant, Halastik
 (a) Residence, No. 11502 Gull Sugar Creek Mo. (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Kansas City Missouri
 13. NAME Andy Halastik
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clatsop
 15. MAIDEN NAME Anna Marwick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 17. INFORMANT (ADDRESS) Andy Halastik Sugar Creek, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys and Mo Sep 38
 19. FUNERAL DIRECTOR (ADDRESS) George C. Carson
 20. FILED Dec 1, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 1, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1938, to Dec 1, 1938.
 I last saw her alive on stillborn, 1938. Death is said to have occurred on the date stated above, at 4:15 m.
 The principal cause of death and related causes of importance were as follows:
Toxemia of pregnancy Date of onset
 Other contributory causes of importance:
Nephritis of mother
 Name of operation none Date of _____
 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 _____, 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) Mellie B. Ford M. D.
 (Address) 2714 Victor St

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

N. B.—Every item of information should be carefully 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.

FORM 1-1-37 I X12004

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 with the above constitutes grounds for revocation of license.)