REC'D JAN 14 1938

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

42405
Do not use this space.

Registered No. 1285

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 1007
(b) Township Primary Registration District No.
(c) City St. Joseph (d) Street No. 5317 Swift Ave. St.
(e) Length of residence in city or town where death occurred — yrs. — mos. — ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (a) Residence, No. 5317 Swift Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-38

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	1/2 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
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) St. Joseph Missouri.

FATHER
13. NAME Otis S. Grace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER
15. MAIDEN NAME Evelyn E. Stout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT Otis S. Grace
(ADDRESS) 5317 Swift Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery
PLACE De Kalb, Mo. DATE Dec. 21, 1938

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
(ADDRESS) 1802 UNion Str. St. Joseph, Mo.

20. FILED 12/21/1938 N. J. Hotchkiss Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1938, to 12-21, 1938
I last saw her alive on 12-21, 1938 Death is said to have occurred on the date stated above, at 5 AM m.
The principal cause of death and related causes of importance were as follows:

Strangulation, at birth — Date of onset

Other contributory causes of importance: Asphyxiation, at birth

Name of operation — Date of —
What test confirmed diagnosis? — 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? No
If so, specify

(Signed) E. J. Gross M. D.
(Address) 5008 Kathy Hill Lane

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

1-X14028

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, Robert P Clarkson, or by .....,

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

Signed Robert P Clarkson

Licensed Embalmer No. 4028

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.