

1939

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

42773

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
(b) Township Madison Primary Registration District No. 5276 A
(c) City North Kansas City (d) Street No. Route #4 St.
(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. Route 4 North KC 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 Fe 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm F DeWeese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1860
7. AGE YEARS 78 MONTHS 8 DAYS 25 If LESS than 1 day, ...hrs. or min.
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) Unknown (STATE OR COUNTRY) 9

13. NAME Lindsay Chambers (step-father)
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME Nancy Barnes
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

17. INFORMANT Ray Sayles (ADDRESS) North KC. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Dec 31 1938

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home (ADDRESS) North Kansas City, Mo.

20. FILED 1-9 1939 Viola C. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1938 to Dec 29 1938

I last saw her alive on Dec 28 1938. Death is said to have occurred on the date stated above, at 4:00 am

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

Bronchopneumonia
Otitis media
1512

Date of onset
Dec 25
Dec 20

Other contributory causes of importance:

Arteriosclerotic heart disease

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) M O Longhugh, M. D.
(Address) No. Kansas City, Mo.

San Juan

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *11/14/39*

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, _____

personally, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. *3605*

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.