

FEB 20 1939

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

1074  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson  
(b) Township Kaw  
(c) City K.C.  
(e) Length of residence in city or town where death occurred  
3:30 yrs. mos. ds.

Registration District No. 399  
Primary Registration District No. 100 Registered No. 87  
(d) Street No. General Hospital St.  
(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. 606 Jackson 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 ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
April 60

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman  
10. Date deceased last worked at this occupation (month and year) unknown  
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME unknown

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Charles La Bough 3828 A Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland Bur. DATE 1-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. I. Leggett & Son H. C. Mo.

20. FILED Jan 8 1939 M. W. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-39 19

22. I HEREBY CERTIFY, That I attended deceased from County, Mo. 19

I last saw him live on Death is said to have occurred on the date stated above, at 12:50 PM  
The principal cause of death and related causes of importance were as follows:

Auto Traumatism  
Compound fracture of tibia + fibula - bilaterally  
Traumatic shock.  
Other contributory causes of importance: 210 m'

Name of operation..... Date of.....  
What test confirmed diagnosis..... 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. 1-3-39

Where did injury occur? Public place  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pedestrian struck by auto  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Orville B. Butler, M. D.  
(Address) Gen Hosp; K.C. Mo.

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.

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**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.....

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.**