

REC'D FEB 20 1939

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

1128

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township 2nd Kan Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 72 C Gen Hosp Registered No. 141
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 251 Cook Infant Gary Lynn 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) 72C Mo

FATHER 13. NAME Albert Work

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

MOTHER 15. MAIDEN NAME Elma Magruder

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

17. INFORMANT (ADDRESS) Ne ual Cleve 72C Gen Hosp 72C Mo

18. BURIAL, CREMATION, OR REMOVAL Final Rest DATE 1-12-39

19. FUNERAL DIRECTOR (ADDRESS) John B. Spelling 526 Campbell St

20. FILED Jan 12 1939 M. M. Knowlton Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1938, to 1-6, 1939

I last saw him alive on 1-6, 1939 Death is said

to have occurred on the date stated above, at 9:55 am

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

Prematurity; Inanition; Congestion of organs 159
 Other contributory causes of importance:

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, 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) P. H. De Maria M. D.

(Address) Sept 72 C Gen Hosp 72C

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.