

REC'D FEB 20 1939

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

1134  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Yea Primary Registration District No. 1002  
 (c) City Camas City (d) Street No. 7 Cogen Hosp Registered No. 147  
 (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. 623 E. 13th 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

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) Jan 23 1934

7. AGE YEARS 5 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Okla

FATHER 13. NAME Bernard Hart

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

MOTHER 15. MAIDEN NAME Olive Edwards

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

17. INFORMANT (ADDRESS) Reinal Clerk

18. BURIAL, CREMATION, OR REMOVAL 7 Cogen Hosp KC Mo  
Presbyterian Cent DATE 1-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. Campbell  
536 Campbell

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1939 to 1-11 1939  
 I last saw her alive on 1-11 1939 Death is said to have occurred on the date stated above, at 8:05 PM  
 The principal cause of death and related causes of importance were as follows:

Empyema of left chest  
with multiple abscesses  
of lungs and liver Non-infectious  
 Other contributory causes of importance:  
Primary Alveolar Abscess  
Staphylococci Septicemia

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. J. De Marco M. D.  
 (Address) Sept 7 Cogen Hosp KC Mo

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 conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**