

2890 FEB 20 1939

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

1250
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2728 Oakley St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. 2728 Oakley 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 Female 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 Wm Conklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 18

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

FATHER 13. NAME H. A. Mickell

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

MOTHER 15. MAIDEN NAME Tabetha E Ripper

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

17. INFORMANT (ADDRESS) Dr J. O. Russell
1104 N. 2nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE Jan 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Crow
15 E. 2nd
Jan 22 1939

20. FILED Jan 22 1939 M. D. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-39, 19

22. I HEREBY CERTIFY, That I attended deceased from St. Luke's Hospital, 19

I last saw deceased on Jan 19 1939 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the adrenal
& metastases to abdominal
lymph nodes 53
 Other contributory causes of importance:
Bilateral hydronephrosis
uremia

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 Asphyxiation
 Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Asphyxiation 4
 (Signed) Wm. B. Crow M. D.
 (Address) 15 E. 2nd

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.

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.