

REC'D FEB 20 1939

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

1264
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Van Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 7 C Gen 1st St Registered No. 2779
 (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

Berita Mae Larson
 (a) Residence, No. 4925 Troost St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1893

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
46 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Bonner Springs, Kansas

FATHER 13. NAME Joseph Behep

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Taylor Larson 4925 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill DATE Jan 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer Sons

20. FILED Jan 23 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1939, to 1-22 1939
 That saw her alive on 1-22 1939 Death is said to have occurred on the date stated above, at 3:30 am
 The principal cause of death and related causes of importance were as follows:

Post operative edema and uremia
 Other contributory causes of importance: 1/21 Cause not determined

Name of operation Unknown Date of Dec 1938
 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? _____
 If so, specify _____
 (Signed) P. T. De Marco, M. D.
 (Address) 7 C Gen 1st St

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.

Not operated on at Gen. Hump and Autop
not permitted - no further diagnosis
can be obtained. #

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.