

RECEIVED FEB 20 1939

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

1310
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Staw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4401 Main 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 323

2. PRINT FULL NAME

(a) Residence, No. 4401 Main 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1890

7. AGE YEARS 48 MONTHS 1 DAYS 0 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Buchanan West Virginia

13. NAME John M. Breke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan West Virginia

15. MAIDEN NAME Malinda Lighburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) O. H. Rhodes 4401 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Forest Park DATE Jan. 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. H. Newcomer's Sons Brush Creek + Paso

20. FILED Jan 25 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938, to Jan. 25 1939
 I last saw her alive on Jan. 20 1939. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:
Carcinomatosis, generalized Date of onset
Carcinoma of breast, left, Summer 1937.
primary site.
50

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? None 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? No
 If so, specify
 (Signed) W. W. Allan Greene M. D.
 (Address) 522 Prof. Bldg., Kansas City, Mo.

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.

871 S. ~~Commerce~~ Va 8015

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..... *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *Kansas City,*

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.