

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

1397  
Do not use this space.

FEB 20 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 410  
 (c) City Kansas City (d) Street No. St. Luke's Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

LIZIE VIRGIL RUBEN LEROY O'HOUGH LIN  
 (a) Residence, No. 904 Cedar Ave St.  Independence, Mo.  
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Grace O'Loughlin  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Jan 11 1918  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 0 17  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Painter  
**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)** Jan 21 1938 **11. Total time (years) spent in this occupation**  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kingston Missouri  
**13. NAME** Ruben O'Loughlin  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Call County Missouri  
**15. MAIDEN NAME** Beulah Kinnaman  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** No record  
**17. INFORMANT (ADDRESS)** Mrs. Grace O'Loughlin Independence, Mo.  
**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Mount Hope Jan 31 1939  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** George C. Carson Independence, Mo.  
**20. FILED** Jan 30 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 28 1939  
**22. I HEREBY CERTIFY** That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw Deputy Coroner, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Epidural, subdural hemorrhage Date of onset 1-27-39  
Cerebral edema & hemorrhage "  
Basilar skull fracture "  
Depressed fracture of calvaria. "  
 Other contributory causes of importance: 1860  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray, autopsy Was there an autopsy? Yes  
**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? Accident Date of injury Jan 23 1939  
 Where did injury occur? 149th & Bates St. Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Occurred while partying at structure  
 Manner of injury fall  
 Nature of injury skull fracture  
**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify \_\_\_\_\_  
 (Signed) H. H. Brown M. D.  
 (Address) 149th & Bates St. 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.

APR 3 1958

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

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