

REC'D FEB 20 1939

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

1400  
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 or Kansas City (d) Street No. 2418 College 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. 2418 College St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.  
78 5 7  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) St Louis Missouri  
13. NAME No record  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record  
15. MAIDEN NAME No record  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record  
17. INFORMANT (ADDRESS) Lewis C. Wilson 2418 College - Kansas City Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 30 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) George E. Carson Independence Mo.  
20. FILED Jan 30 1939 M. M. Browne Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 193922. I HEREBY CERTIFY That I attended deceased from Oct 1 1938 to Jan 28 1939

I last saw h. alive on Jan 28 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic Congestive Pneumonia 1/6/39  
131

Other contributory causes of importance:  
Hypertensive Cardiovascular 6 yrs  
Renal Disease

Name of operation..... Date of.....  
What test confirmed diagnosis? Phy Exam 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? Yes  
If so, specify.....  
(Signed) John M. Powers M. D.  
(Address) 5322 1/2 E. 27th St

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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.**