

REC'D MAR 9 1939

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

5359

Do not use this space.

558

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. _____ Registered No. _____
(c) City Kansas City (d) Street No. 3416 Woodland _____ 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs. Mary J. MELVIN.
(a) Residence, No. 3416 Woodland. 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) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Melvin.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1876.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 10 14

- OCCUPATION 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) Kansas

- FATHER 13. NAME Hollis S. Sargent.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.

- MOTHER 15. MAIDEN NAME Mary J. Cassidy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Frank J. Melvin.
3416 Woodland.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garnett Kansas DATE 2/11/39.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody-McGilley.
R. C. Ho.

20. FILED 2-10, 1939 M. M. Crowe, Jr.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939
22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1938, to Feb 10, 1939.
I last saw him alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-7-39
131

Other contributory causes of importance:

Chr. Interstitial Nephritis
Hyper-tension 6-1-38

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. C. Ho, M. D.
(Address) 929 Walnut

DR. SHELTON.

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 conform with the above constitutes grounds for revocation of license.)

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