

REC'D MAR 13 1939

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

5939
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No.
 (b) Township W. Joseph Primary Registration District No. Registered No. 150
 (c) City St. Joseph (d) Street No. Missouri Methodist Hosp 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. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. No. Meth. Hosp. St. Sparks Kansas
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 4 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) Dec. 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Ky

13. NAME C.A. McRoberts

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

15. MAIDEN NAME Charlotte Easton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky

17. INFORMANT (ADDRESS) Charlotte Breckenridge Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Droy-Kemp DATE 2-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Karn Droy-Kemp

20. FILED Feb 14 39 A. J. Needlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1939, to 2-14, 1939.

I last saw him alive on 2-14, 1939. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
140
 Date of onset 2-6-39

Other contributory causes of importance:

Produceal abortion - about 1-26-39

Dilatation of cavity + drainage
 Name of operation Date of 2-10-39

What test confirmed diagnosis? Post mort. 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? No

If so, specify (Signed) Paul J. Fitzgerald M. D.
 (Address) St. Joseph, 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.

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,

E. F. Karr

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

E. F. Karr

Licensed Embalmer No. *2586*

P. O. Address *Doon Kansas*

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.