

REC'D MAR 16 1939

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

6259
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 197
 (b) Township Ballston Primary Registration District No. 5276A
 (c) City North Kansas City, Mo. (d) Street No. HOME Registered No. _____ 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 KAREN LEAH MADDEN
 (a) Residence, No. 70 Kansas City, Mo. R5 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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) Nov-19-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>28</u>		

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant

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) North Kansas City, Mo.

FATHER

13. NAME Layton Madden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Corrine Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Layton Madden
(ADDRESS) 70 Kansas City, Mo. R5

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Dec 19, 38

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
(ADDRESS) North Kansas City, Mo.

20. FILED Mar. 1, 1939 Violet C. Meyer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-19 1938, to Dec-17 1938
 I last saw her alive on Dec-17 1938. Death is said to have occurred on the date stated above, at 3:30 m.
 The principal cause of death and related causes of importance were as follows:
Congenital Patent Foramen Ovale
acute Bronchitis
 Date of onset 15th

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Harry R. Staley M. D.
 (Address) North 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.

Geo. L. M. A.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/13/39

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,

personally, or by,
Registered Apprentice No., working under my personal supervision.

Signed *Harold L. Osborn*
Licensed Embalmer No. *3605*
P. O. Address *North 100th*

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.