

APR 17 1939

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

9662
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 399
 (b) Township Rain Primary Registration District No. 1002 Registered No. 1268
 (c) City Kansas City (d) Street No. 319 West Armour 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. 231 Miss Amelia C. Megede St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-20-1865</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>1 Day</u>	If LESS than 1 day, hrs. or min.
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. <u>at home</u>	
	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) <u>Lexington Missouri</u>		
FATHER	13. NAME <u>Louis Megede</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Isabella Dollinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Cornel F. Megede 3425 Central St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington Mo. 3/23/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stine & McClure R.C. Mo.</u>		
20. FILED <u>Apr 23 1939</u> <u>W. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-39, 19

22. I HEREBY CERTIFY That I attended deceased from Death to 5-30-39, 19

I last saw deceased on 5-30-39 Death is said to have occurred on the date stated above, at 5-30-39 A.M.

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

Coronary sclerosis
Acute myomalacia
Rupture of the heart

Other contributory causes of importance:
Hemopericardium

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?
 If so, specify _____

(Signed) W. H. Crowe, M. D.
 (Address) Local Reg., R.C. 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,

....., 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.