REC'D MAY 10 1939

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

13810
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1564
(c) City Kansas City, Mo. (d) Street No. 7446 Jarboe 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 Mrs. Myrtle Jane Rickey
(a) Residence, No. 7446 Jarboe 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

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: Wm. A. Rickey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 21, 1868
7. AGE: YEARS 70 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Missouri 0

FATHER
13. NAME: Edward Hudnell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER
15. MAIDEN NAME: Elizabeth Weeks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): William A. Rickey, 7446 Jarboe
18. BURIAL, CREMATION, OR REMOVAL
PLACE Williamsburg, Mo. DATE Apr. 12, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway
20. FILED Apr 13, 1939 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1939, to April 12, 1939
I last saw her alive on April 11, 1939 Death is said to have occurred on the date stated above, at 4:25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis of abd viscera	undtn
46	

Other contributory causes of importance:
Primary lesion ~~undtn~~ Stomach — 1

Name of operation Exploratory Laparotomy Date of Mch 21/39
What test confirmed diagnosis? Operation + 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? 1
If so, specify
(Signed) Barrick Wilson, M. D.
(Address) 1025 Rialto Bg KCMo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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.