

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

17558
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. 1960
 (c) City Kansas City (d) Street No. 617 West 43rd Street 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

Miss Marie Worth
 (a) Residence, No. 617 West 43rd Street 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Music Teacher
 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) Baden, Germany (STATE OR COUNTRY) 6

FATHER 13. NAME Gregor Worth 6

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Rosa Ochs

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

17. INFORMANT Miss Susie Worth (ADDRESS) 617 West 43rd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) J. W. Wagner (ADDRESS) 204 West Linwood

20. FILED May 9 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Crown, 1939.

I last saw him alive on May 7, 1939 Death is said to have occurred on the date stated above, at 9:00 m. A. M.

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

Carcinoma of the uterus
metastatic carcinoma
Repetitive for carcinoma
 Date of onset 4/6

Other contributory causes of importance:

Name of operation Autopsy Date of 7/2
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Violence Date of injury May 7, 1939

Where did injury occur? Home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Violence
 Nature of injury Violence

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Violence

(Signed) M. M. Brown 14, M. D.
 (Address) Crown

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.