DEC'D JUN 8 1939

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

17601
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. 2003

(c) City Kansas City — (d) Street No. General Hospital. 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 420 Madalene De LUCA.

(a) Residence, No. 327 West 12th 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. James De Luca.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27, 1911.

7. AGE: YEARS 27 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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): Oklahoma.

FATHER
13. NAME: D. Cook.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas.

MOTHER
15. MAIDEN NAME: Sadie L. Rummfield.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plesant Hill [illegible]. Missouri.

17. INFORMANT (ADDRESS): Mrs. D. Cook. (Mother) Oklahoma.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oklahoma DATE 5/14/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mellody-McGilley. K. C. Mo.

20. FILED May 14, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Corner, 19 to, 19
I last saw h.... alive on, 19.... Death is said to have occurred on the date stated above, at 9.05 A.m.
The principal cause of death and related causes of importance were as follows:

Lysol Poisoning — Date of onset

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Other contributory causes of importance:

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? Suicide Date of injury 5/12/39
Where did injury occur? 327 W 12th Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Took lysol
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.