

WRITE 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.

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

18822
Do not use this space.

JUN 15 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blair Primary Registration District No. 5554
(c) City Independence (d) Street No. Sanitarium 300 Registered No. 159
(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. 920 Northern Blvd St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .10 hrs. or min.
0 0 0

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. Infant
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) Independence Missouri

FATHER 13. NAME Edward V. Jentzsch

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

MOTHER 15. MAIDEN NAME Naomi Shoemaker

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

17. INFORMANT (ADDRESS) Edward V. Jentzsch Independence Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Mount Zion Cem. May 12, 1939

19. FUNERAL DIRECTOR (ADDRESS) Cato & Speaks Funeral Home Independence Mo.

20. FILED 5-16-39 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1939 to May 11 1939.
I last saw her alive on May 11 1939. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:
Prematurity -
+ Premature separation of placenta
Date of onset 5-10-39
Other contributory causes of importance: 159

Name of operation None Date of None
What test confirmed diagnosis? None 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) James E. Johnson, M. D.
(Address) Independence Mo.

STATEMENT BY LICENSED EMBALMER

I, Roland R. Speaks, Licensed Embalmer No. 3604

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

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.)