

REC'D JUN 13 1939

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

18870

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Wesleyton Primary Registration District No. 5558 Registered No. 28
 (c) City Kansas City (d) Street No. 8026 Chermit 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. 600 Lillian Moore 8026 Chermit 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. N. Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-12-1890
 7. AGE YEARS 59 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.

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) Balmer Mo.

13. NAME Orin Senter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Phuey Gibbons

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

17. INFORMANT Fred Huskell (ADDRESS) 8026 Chermit

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. R. Foster 918 Brooklyn R. Co.

20. FILED 6-6-39 R. V. Dunbar Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1927, 1927 to May 13, 1939
 I last saw her alive on May 11, 1939 Death is said to have occurred on the date stated above, at 5:0 m.
 The principal cause of death and related causes of importance were as follows:

Renal & Pulmonary
HT
 Other contributory causes of importance Uterine Cancer
Ca. uterini
 Date of onset 1934
May 1938

Name of operation Physical Exam Date of
 What test confirmed diagnosis? Was there an autopsy?

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) Frank P. King M. D.
 216 (Address) 1107 Bryant Alley

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.

2 P.M.
S. 1
10-18-19

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

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.