

REC'D JUL 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22317

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blaine Primary Registration District No. 5-5-5-4
 (c) City Independence (d) Street No. _____ Registered No. 203
 (If death occurred in Hospital or Institution, write its name instead of street 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. 1431 Palston 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25/1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

FATHER 13. NAME Kenneth Sechrest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown Mo.

MOTHER 15. MAIDEN NAME Chara Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo.

17. INFORMANT (ADDRESS) Kenneth Sechrest 1431 Palston indep Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Home DATE June 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cato & Speaks F. No. Independence Mo.

20. FILED June 29, 1939 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Steelborn 19 to 19

I last saw alive on Steelborn 19 Death is said to have occurred on the date stated above, at m.

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

Internal - Malformations? - cleft palate Double hare lip - Colic of stomach - Very normal second stage of labor - heart sounds by vital membrane ruptured

Other contributory causes of importance: Delivered in 5 minutes - no apparent palpitation of cord. With clothing at 72 in labor 6 1/2 hours - heart not palpated.

Name of operation _____ 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) James G. Johnson M.D.

360 (Address) Independence Mo.

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 me

..... Registered Apprentice No.....
working under my personal supervision.

Signed Roland Speaks
Licensed Embalmer No. 2604
P. O. Address Indep, Mo.

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.