

AUG 7 1939

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

24433
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kau Primary Registration District No. 1097 Registered No. 2646
(c) City of Kansas City (d) Street No. 230 West 70 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. 230 W. 70 St. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. B. Archer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-1-1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
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.	<u>At-home</u>
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Chris Madrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Lisette Putze</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (NAME) (ADDRESS) <u>Mrs. W. M. Spank</u> <u>230 W. 70 St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macon Mo.</u> DATE <u>7/11/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stue & McClure</u> <u>K. C. Mo.</u>		
20. FILED <u>July 2, 1939</u> M. M. <u>Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-1-39</u> , 19
22. I HEREBY CERTIFY, That I attended deceased from <u>11:30 AM</u> , 19 <u>39</u> I last saw <u>deceased</u> alive on <u>6/30/39</u> Death is said to have occurred on the date stated above, at <u>4:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary sclerosis</u> <u>Chronic diffuse myocardial fibrosis</u> 930 Other contributory causes of importance: <u>Hypertrophy of heart</u> <u>Acute pulmonary edema</u>
Name of occupation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>Yes</u>
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? If so, specify (Signed) <u>Walter P. Rutter</u> , M. D. (Address) <u>San Diego, K. C. Mo.</u>

(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 comply with the above constitutes grounds for revocation of license.)

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