

REC'D AUG 7 1939

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

24484
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township 1 Primary Registration District No. 1002 Registered No. 2697
(c) City Kansas City (d) Street No. 720 Gen Hosp 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. 610 Murphy Infant
Gen Hosp 1002 (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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-39

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Kansas City Mo

FATHER 13. NAME Wahner 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER 15. MAIDEN NAME Agnes Murphy

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

17. INFORMANT Reina Clark
(ADDRESS) 720 Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Municipal Burial 7-5-39

19. FUNERAL DIRECTOR Edwin A. Schreyer
(ADDRESS) 11 E. 2nd Street

20. FILED July 5 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1939 to 6-25 1939
I last saw he alive on 6-25 1939 Death is said to have occurred on the date stated above, at 1:05 PM
The principal cause of death and related causes of importance were as follows:

Prematurity Date of onset 154

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) P. F. De Marco, M. D.
(Address) 720 Gen Hosp

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.

50 M-1-12-38 I X14023

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.