

AUG 7 1939

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

24518  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township 2 Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. Lakeside Hospital 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. 6 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Doris Virginia Hagen

(a) Residence, No. 2000 Sandusky Ave. St.  Kansas City, Kansas  
(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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1915  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 11 6

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) July 1, 1939 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Kansas City 0  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Raymond W. House 9  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Florence Holmes  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Arthur E. Hagen  
(ADDRESS) 2000 Sandusky, K.C.K.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Noriah DATE 7/8/39 19

19. FUNERAL DIRECTOR (NAME) Geo. H. Long  
(ADDRESS) Kansas City, Kansas

20. FILED July 7, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939 19  
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 6, 1939  
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Quarrel Endometritis following Childbirth by Caesarian Section.

Other contributory causes of importance: 1450  
Pregnancy past term 3 wks under to protract labor with Wain's Stimpson  
Name of operation Caesarian Section Date of July 1, 1939  
What test confirmed diagnosis? X-ray Was there an autopsy? yes

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) J. J. Graham M.D.  
(Address) 811 Chamberldy

**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.

*Leonard Graham  
Chambers Bldg.*