

1939 AUG 7

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

24863
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ray Primary Registration District No. 1002 Registered No. 86
 (c) City Kansas City (d) Street No. St. Mary 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 425 Polson's Infant - 2540 Lawn St. (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
stillborn
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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 Frederick Roland Polson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 MOTHER 15. MAIDEN NAME Louise Caroline Rouse
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carters Mo
 17. INFORMANT Frederick R. Polson
 (ADDRESS) 2540 Lawn
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carters Mo DATE 7/28 1939
 19. FUNERAL DIRECTOR (NAME) Knell Und. Co
 (ADDRESS) Carters Mo
 20. FILED July 27 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7-27 1939 to 7-27 1939, 1939
 I last saw h. stillborn alive on 7-27, 1939. Death is said to have occurred on the date stated above, at 8AM m.
 The principal cause of death and related causes of importance were as follows:
Asphyxia Pallida Date of onset 7-27-39
 Other contributory causes of importance:
Abnormal labor 7-27-39
Premature rupture of membranes
Phlebotomy of cord and shoulder presentation
 Name of operation Version, Extract Date of 7-27-39
 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?
 If so, specify _____
 (Signed) L. J. Brennan M. D.
 (Address) 408 1/2 West 75 St.

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.

WHITE PEARL, WITH OMPAGING THEREIN IS A PERMANENT RECORD

1 X14028

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.