

SEP 6 1939

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

28087  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100  
(c) City Kansas City (d) Street No. 1323 E. 14th. St. 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. (If of foreign birth? yrs. mos. ds.)

Registered No. 3089

2. PRINT FULL NAME

Jennie Marie Miller Stafford  
(a) Residence, No. 1323 E. 14th St. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</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>James Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-25-1887</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>
	DAYS <u>28</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>House Work</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>Tenn</u>		
FATHER	13. NAME <u>Albert Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Lue Frazer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>Albert Taylor</u> <u>5307 Prospect Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Bridge</u> DATE <u>8-2-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H.B. Moore</u> <u>1820 E. 18th St. C. Mo</u>		
20. FILED <u>8/2</u> 19 <u>39</u> M. M. <u>Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-39

22. I HEREBY CERTIFY That I attended deceased from Sept 19 to Sept 19  
I last saw deceased on Sept 19 1939 Death is said to have occurred on the date stated above, at 10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Hyperextension Myocardium  
Acute Tuberculous Elix  
935  
Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_, 1939  
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) Quiselle W. Jones D.  
(Address) \_\_\_\_\_

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.....

*AB Moore*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*AB Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18 st*

**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.**