

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

Board of Health

28156

Do not use this space.

1939 SEP 6

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City of Kansas City, Missouri (d) Street No. 1420 Denver Avenue, K.C. Mo. 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 362 Freda E. Stark

(a) Residence, No. 1420 Denver Avenue, K.C. Mo. 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>William Stark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u> <u>1868</u>		
7. AGE YEARS <u>72</u>	MONTHS <u> </u>	DAYS <u> </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>Housewife</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>Sweeden</u> <u>7</u>		
FATHER	13. NAME <u>Jacob Brattstrom</u> <u>7</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweeden</u> <u>7</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Boiguot</u> <u>7</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweeden</u>	
17. INFORMANT <u>Tella Dasbach, 4443 Adams, Kansas City, Kansas.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>August 10</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. C. L. Forster</u> <u>918 Brooklyn, K. C. M.</u>		
20. FILED <u>8-9-39</u> <u>m. m. Crowe</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8th, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, 19____

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 9: A.M.
 The medical cause of death and related causes of importance were as follows:

Opportunity
Laceration of the wrist (left)
External hemorrhage
Idiotoma of the scalp
 Date of onset 185

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Dr. J. H. [Signature] M. D.
 (Address) K.C. Mo.

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.