

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34845  
Do not use this space.  
3820

NOV 14 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Rear Primary Registration District No. 1800 Registered No. \_\_\_\_\_  
 (c) City Kansas City, Mo (d) Street No. St. Mary's 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.  
252 Mrs. Elizabeth Huestes Huestis

2. PRINT FULL NAME  
 (a) Residence, No. 2616 W 51st St. Johnson Co. Kans. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 6 2

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)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Richard Hobart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME May Grace Smithlake

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

17. INFORMANT (ADDRESS) J. R. Huestes  
2616 W. 51st. St. Johnson Co

18. BURIAL, CREMATION OR REMOVAL PLACE Mount Moriah DATE Oct. 4 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoge Funeral Home  
Overland Park, Kansas

20. FILED 10/3 19 39 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3/39 19 39

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1939, to Oct. 3, 1939  
 I last saw her alive on Oct. 3, 1939 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of the stomach with pyloric obstruction.  
Metastatic carcinoma of the liver with biliary obstruction.  
 Date of onset 46

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) Max Goldman, M. D.  
 (Address) 1618 Prof. Bldg. K. C. Mo.

WHITE PEARL, 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.

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*Prof. B. B. B.*

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**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.**