

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

38473
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1002
 (c) City or Kansas City, Mo. (d) Street No. 2638 East 30th 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4237

2. PRINT FULL NAME Mrs. Harriet Leah Juneau,

(a) Residence, No. 2638 East 30th St., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 0 1

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) Kansas, (STATE OR COUNTRY)

FATHER 13. NAME Benfield Juneau,

14. BIRTHPLACE (CITY OR TOWN) Wisconsin, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adelaide Daugherty,

16. BIRTHPLACE (CITY OR TOWN) Illinois, (STATE OR COUNTRY)

17. INFORMANT Mrs. M. H. Guernsey, (ADDRESS) 2638 East 30th St., K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manhattan, Kansas DATE 11-7- 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure Und. Co., (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED Nov 6 39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1939,

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1939, to Nov 5, 1939

I last saw her alive on Nov 5, 1939. Death is said to have occurred on the date stated above, at 7:05 am.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Nov 3-39

10760

Other contributory causes of importance:

Paralysis Agitans 1935

Name of operation none Date of _____

What test confirmed diagnosis? Aspiration Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) J. W. Gaudin M. D.

(Address) 3605 1/2 Broadway K. C. Mo.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, 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.

Dr. Trauerholz,
36th & Broadway.
W.E. 7910
2:00

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.....

Henry T. ... Registered Apprentice No. *222*
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *1410-*

P. O. Address *137 E. 11th*

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.