

DEC 11 1939

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

38567
Do not use this space.

4331

Registered No.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 6034 Harrison 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 300 Lena May Hathaway

(a) Residence, No. 6034 Harrison 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence F. Hathaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Lathrop
(STATE OR COUNTRY) Missouri

13. NAME John William Robinson

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

15. MAIDEN NAME Margaret E. Booth

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

17. INFORMANT Clarence F. Hathaway
(ADDRESS) 6034 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 11-13-39

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Nov 13 1939 M. M. Larone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1939, to November 10, 1939
I last saw her alive on Nov 10, 1939. Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis

Other contributory causes of importance:
Dysrhythmic stage of Moniezia -
dysrhythmic Phlebotomus and S/P 10
with dehydration & inanition

Name of operation none Date of none
What test confirmed diagnosis? clinical 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 of injury in any way related to occupation of deceased?
If so, specify no

(Signed) A. M. Price, D.D., M. D.
(Address) 1119 Washington St.

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.

I X18603

A. M. Price
12th Washington

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.....
Harley Roe

Licensed Embalmer No. *2810*

P. O. Address *Primm City Mo*

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.