

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 9646

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1080

1. PLACE OF DEATH: Jackson  
 (a) County: Jackson  
 (b) City or town: Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 2 days 1  
 (Specify whether years, months or days) All her life

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Jackson  
 (c) City or town: Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 5125 Troost  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years.

8. (a) PRINT FULL NAME: Patricia Ann Mick 200  
 3. (b) If veteran, name war: — 3. (c) Social Security No.: None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar. day 8th  
 year 1940 hour 2:00 minute 05 A. M.

4. Sex: Fe 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Sgl  
 6. (b) Name of husband or wife: — 6. (c) Age of husband or wife if alive years: —  
 7. Birth date of deceased: Oct. 5 1939  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 5 1939 to March 8 1940;  
 that I last saw h. alive on —, 19—;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
 0 5 3 hr. min.

Immediate cause of death: Bronchial Pneumonia Primary Bilateral  
 Duration 3  
 Due to 1076

9. Birthplace: Kansas City Mo. 0  
 (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)  
 Due to —  
 Major findings: Of operations —  
 Of autopsy —

10. Usual occupation: XX  
 11. Industry or business: XX  
 MOTHER FATHER { 12. Name: Leo T. Mick  
 13. Birthplace: Tipton Kansas 1  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name: Cecelia Rues  
 15. Birthplace: Greeley Kansas 1  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Leo J. Mick  
 (b) Address: 5125 Troost  
 17. (a) (b) Date thereof: 3-9-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Calvary Cemetery  
 18. (a) Signature of funeral director: J. W. Wagner  
 (b) Address: Kansas City, Mo.  
 19. (a) Mch 8, 1940 (b) M. M. Browne  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) —  
 (b) Date of occurrence: 7  
 (c) Where did injury occur?: 70  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? (Specify type of place) (e) Means of injury: !  
 23. Signature: Joseph Conrad (M. D. )  
 Address: 1308 Waldheim Bldg. Date signed: Mar 8 - 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K.C. 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.**