FILED JUN 6 1940

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

19274
Do not use this space.

1. PLACE OF DEATH
(a) County Platte 3 Registration District No. 648
(b) Township 1 Primary Registration District No. 4420 Registered No.
(c) City Weston (d) Street No. 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 622 Luella Prochaska
(a) Residence, No. 1310 Cheyenne St. Leavenworth, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1910
7. AGE YEARS 30 MONTHS — DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as saw mill, bank, etc. Beer Parlor
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) Wichita Kansas

FATHER
13. NAME unknown 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Judson Bowman Leavenworth Kan
18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kan DATE 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ted Sexton Leavenworth Kansas
20. FILED 5/21 1940 J H Brill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1940
22. I HEREBY CERTIFY, That ~~I attended~~ deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:15 P.m. approx.
The principal cause of death and related causes of importance were as follows:
Killed in a auto accident at Beverly Mo. on highway # 92. Automobile overturned while turning off highway to avoid a barracade at a detour
Date of onset
Other contributory causes of importance:
Fracture of Skull and Internal injuries
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 Accident Date of injury May 20, 1940
Where did injury occur? Beverley (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) Leland H Francis Coroner M. D.
(Address) 628 Parkville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 X14028

RECEIVED
District Health Officer No. 11,
District ... 640-831
Date ... JUN 5 1940

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.