

K. 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.

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

24048
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 1 Primary Registration District No. 1002
 (c) City Kansas City, Missouri (d) Street No. St. Luke'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.

Registered No. 2658

2. PRINT FULL NAME Mrs. Edna Dent

(a) Residence, No. 212 E. Elm--Olathe, Kansas St.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>WIDOWED</u> (OR) WIFE OF <u>Jas. Harvey Dent</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>64</u>	<u>0</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Raymore,</u> (STATE OR COUNTRY) <u>Missouri.</u>				
FATHER	13. NAME <u>Roland Jenkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Don't Know</u> (STATE OR COUNTRY) <u>Ohio.</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Hill</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Don't Know</u> (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT <u>J. H. Dent</u> (ADDRESS) <u>Olathe, Kansas.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olathe, Kansas,</u> DATE <u>July 5, 1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>Martin W. Frye,</u> (ADDRESS) <u>Olathe, Kansas.</u>				
20. FILED <u>July 2, 1940</u> <u>M. M. Crowe</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1940, to July 2, 1940.
 I last saw her alive on July 2, 1940 Death is said to have occurred on the date stated above, at 10:30 PM
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder.
 Date of onset not known
53

Other contributory causes of importance:

Name of operation Excision of bladder tumor Date of Feb 17, 1940
 What test confirmed diagnosis? Hist diagnosis 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) N. F. Dehobles, M. D.
 (Address) 1530 Prof. Bldg

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 Martin
W. Frye, Registered Apprentice No. _____
working under my personal supervision.

Signed Martin W. Frye
Licensed Embalmer No. 1741
P. O. Address Olathe, Kansas

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.