

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.

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

Do not use this space.

FILED APR 25 1942

9588

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township Russ Primary Registration District No. 10.02 Registered No. 1278  
City Kansas City (No. Vineyard Park Hosp) 1 mo. St. \_\_\_\_\_ Ward 041

2. FULL NAME

Pauline Josephine Fahnstock  
(a) Residence, No. Kansas City St. 2902 Ha Ward. 3  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 34 yrs wife of Lloyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 8 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homewife  
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Rich Hill, Mo

FATHER  
13. NAME Adam R. Evans  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill, Mo

MOTHER  
15. MAIDEN NAME Effie Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co, Mo

17. INFORMANT (ADDRESS) Lloyd Fahnstock  
2902 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill, Mo DATE 4-11 1942

19. UNDERTAKER (ADDRESS) Leathys Rich Hill

20. FILED 4/1 1942 M. B. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1942 to Apr 1 1942  
I last saw her alive on Apr 1 1942 Death is said to have occurred on the date stated above, at 11 P. M.  
The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Uterus 6-1-41  
Date of onset

Other contributory causes of importance:  
HT 8-1-41

Name of operation Risky Date of 3-23-42  
What test confirmed diagnosis? Path Was there an autopsy? Yes

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) J. S. Gilder M. D.  
(Address) Rich Hill, Mo

261

Rich Hill, Mo.

FEB 18 1948