

No. 2
1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9888

State File No.

APR 25 1942
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1424

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution St. Luke's Hosp
(d) Length of stay: In hospital or institution 8 Days
In this community 8 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Avondale Mo
(d) Street No. Avondale
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARJORIE MYRELSKINNER

3. (b) If veteran name war 3. (c) Social Security No. 486-26-5713

4. Sex Fe 5. Color or race Wbr
6. (b) Name of husband or wife 6. (a) Single, widowed, married, divorced, single
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 19 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 19 Days If less than one day hr. min.

9. Birthplace Avondale Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Parke Davis Drug)

11. Industry or business Drugs (Wholesale)

12. Name O S Skinner

13. Birthplace Alama Kan
(City, town, or county) (State or foreign country)

14. Maiden name Frances Steensky

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant O S Skinner

(b) Address Avondale Mo

17. (a) Burial (b) Date thereof Apr 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moral KCMo

18. (a) Signature of funeral director Morton Fungel
(b) Address no Kansas City Mo

19. (a) 4-9-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Mar 31 1942 to April 8 1942 that I last saw her alive on April 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial Endocarditis (Strept Viridans) Due to Rheumatic Heart Disease 11 years

Due to 95 lb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Acute Bacterial Endocarditis Rheumatic Heart Disease

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (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 George C. See (M. D. or other) Address 1630 Prof Bldg Date signed 7/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

ME

See Prof Body

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.....

Fred W. Nitzma....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred W. Nitzma*.....

Licensed Embalmer No. *3711*.....

P. O. Address *N. Kansas 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, fact should be so stated above.