

DECEMBER 10 1938

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

14856
Do not use this space.

1. PLACE OF DEATH ²
(a) County Jackson 1 Registration District No. 4-0-3
(b) Township Barren Primary Registration District No. 5557
(c) City Little Blue (d) Street No. Little Blue 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 Mary M. Strader 362
(a) Residence, No. Little Blue St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1846
7. AGE YEARS 91 MONTHS 4 DAYS 20 IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Illinois
13. NAME Unknown Hallett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) M. Strader
40 Highway Raytown Rd. Sub
18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada, Mo. DATE Apr 8 1938
19. FUNERAL DIRECTOR (ADDRESS) George P. Carson
Independence, Mo.
20. FILED 45738 19 1938 Mo. Bank Local Registrar.

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-3 1938 to 4-6 1938
I last saw her alive on 4-5 1938 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis 1920
Other contributory causes of importance: Acute Bronchitis 4-2-38
Name of operation N/O Date of N/O
What test confirmed diagnosis? C.LINICAL Was there an autopsy? N/O
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? N/O 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? No
If so, specify
(Signed) L. B. Knight M. D.
(Address) 222 S. Summit Mo

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.

1 X12006

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)