

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

31457
Do not use this space.

1. PLACE OF DEATH **SEPT OCT 15 1938**

(a) County Jackson Registration District No. 399
 (b) Township KL7 Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Sb. Joseph Hosp. Registered No. 3754 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 Mrs. Marguerite Shoen 50-0
 (a) Residence, No. 444 Oakley 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 | | | | |
|--|---|---|-------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. V. Shoen</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1903</u> | | | | |
| 7. AGE | YEARS <u>34</u> | MONTHS <u>10</u> | DAYS <u>12</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Home</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>City</u> (STATE OR COUNTRY) <u>Mo.</u> | | | | |
| FATHER | 13. NAME <u>Harrison Cross</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN)..... <u>Dont Know</u> (STATE OR COUNTRY) <u>Mo.</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Dont Know</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN)..... <u>Dont Know</u> (STATE OR COUNTRY) <u>Mo.</u> | | | |
| 17. INFORMANT <u>Ray V. Shoen</u> (ADDRESS) <u>444 Oakley, K. C. Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>St. Marys Cem.</u> DATE <u>9-26-38</u> | | | | |
| 19. FUNERAL DIRECTOR <u>J. F. Lyberry</u> (ADDRESS) <u>2515 Vinwood</u> | | | | |
| 20. FILED <u>Sept 26, 1938</u> <u>Missouri</u> <u>Register</u> <u>Local Registrar</u> | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|----------------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 24, 1938</u> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 21, 1938, to Sept 24, 1938</u> | |
| I last saw her alive on <u>Sept 24, 1938</u> Death is said to have occurred on the date stated above, at <u>5:20 Am.</u> | |
| The principal cause of death and related causes of importance were as follows: <u>Acute Dilatation of Heart</u> Date of onset <u>Sept 24</u> <u>92.00</u> | |
| Other contributory causes of importance: <u>Chronic Endocarditis (Rheumatic)</u> <u>1918</u> | |
| Name of operation | Date of |
| What test confirmed diagnosis? <u>Autopsy</u> | Was there an autopsy? <u>Yes</u> |
| 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? <u>No</u> If so, specify <u>Of the Coronary</u> M. D. (Signed) <u>Dr. J. F. Lyberry</u> (Address) <u>2602 East 15th, Kansas City</u> | |

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.

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.)