

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

31519
Do not use this space.

RECD OCT 15 1938

1. PLACE OF DEATH *5 1000*
 (a) County *Jackson* Registration District No. *399*
 (b) Township *Raw* Primary Registration District No. *1902*
 (c) City *KC, Mo* (d) Street No. *Wheatley Hoop* 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 *CORA B. SCHOWENGIRDT 526*
 (a) Residence, No. *2126 Park* 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 *Female* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-27-1904*

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Ray work*
 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) (STATE OR COUNTRY) *Alhambra, Ark.*

FATHER 13. NAME *Mr. Hollis* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

MOTHER 15. MAIDEN NAME *Mary Linley* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

17. INFORMANT (ADDRESS) *Pleasanna Franklin 2125 Park*

18. BURIAL, CREMATION, OR REMOVAL *KC, Mo Highland* DATE *10-30-38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Flynn + Greenstreet KC, Mo.*

20. FILED *Sept 30, 1938 M. M. Croome* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 27, 1938*, to *Sept 28, 1938*
 I last saw her alive on *Sept 28, 1938*. Death is said to have occurred on the date stated above, at *1:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Hemorrhage from Ruptured Aneurysm of ascending aorta
24
 Other contributory causes of importance: *Syphilitic*

Date of onset *9-28-38*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? *1*
 If so, specify (Signed) *L. V. Miller*, M. D.
 (Address) *1203 P. Ave.*

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Edw. J. Evans*

Licensed Embalmer No. *3836*

P. O. Address *1819 E 15 St J G 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, above space should be left blank.