

REC'D JAN 13 1939

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

41882

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson ? Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002  
(c) City Manassas City (d) Street No. 2719 Benton 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.

Registered No. 4948

## 2. PRINT FULL NAME

(a) Residence, No. 2719 Benton 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 Fe 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 Thomas N Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 8 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Kansas !13. NAME W. H. Snyder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa !15. MAIDEN NAME Katie Shockley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record17. INFORMANT (ADDRESS) Mrs. Karen Savers  
2719 Benton

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral Hill DATE 12-20-1938 1919. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster,  
918 Brooklyn Avenue, K.C. Mo.20. FILED Dec 20 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 193822. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Dec 18, 1938I last saw her alive on Dec 18-1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Pan Carditis  
with Mitral Stenosis  
acute Pulmonary edema  
with Bimittal Pneumonia

Date of onset

Other contributory causes of importance:

Carcinoma of Cervix 48

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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) P. F. De Marco, M. D.(Address) 706 Waldum Island

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**