

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.

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

5520
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 3420 Baltimore Registered No. 719
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs. Clara Louise Briggs
(a) Residence, No. 3420 Baltimore, Kansas City, Mo. (If nonresident, give city or town and State)

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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1888
7. AGE YEARS 50 MONTHS 7 DAYS 9 IF LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Saint Louis (STATE OR COUNTRY) Missouri
FATHER 13. NAME Wm. Ray Sommers 14. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY) Illinois
MOTHER 15. MAIDEN NAME Ilda Ranschenplot 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)
17. INFORMANT Mrs. Walter Ray Hodges (ADDRESS) 3420 Baltimore
18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 22, 1939
19. FUNERAL DIRECTOR (NAME) Gates Funeral Home (ADDRESS) 41st & State Line, K.C. Kans.
20. FILED 720 39 M.M. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from November 9, 1938, to December 1938
I last saw h. January 1939 alive on Jan 1939. Death is said to have occurred on the date stated above, at 10:00 P.M. Feb 18, 1939
The principal cause of death and related causes of importance were as follows:
Rheumatic Heart Disease
Mitral Stenosis
Acute Pulmonary Edema
Date of onset
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis B.F.H. Tray were an autopsy? No
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? No
If so, specify _____ (Signed) Maglow Oelf _____, M. D.
(Address) 407 Kansas Hosp. K.C. Kans.

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.