

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

6254
Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH **Clay** Registration District No. **197**
 (a) County **Clay** Primary Registration District No. **5276A**
 (b) Township **Gallatin** Registered No. _____
 (c) City **North Kansas City, Mo.** (d) Street No. **Route #5** 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 **Fannie Barnes Vest**
 (a) Residence, No. **Randolph (North K. C. Route #5)** 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 **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert Vest**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 27, 1875**
 7. AGE YEARS **63** MONTHS **8** DAYS **18** 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) (STATE OR COUNTRY) **Clay County Missouri**
 FATHER 13. NAME **Wm. H. Dawson**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Richmond, Va.**
 MOTHER 15. MAIDEN NAME **Anna Jane Robinson**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington, Kentucky**
 17. INFORMANT **Albert Vest**
 (ADDRESS) **North K. C. Route #5**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Rogers Cem. No. K.C.** DATE **Feb. 17, 1939**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Morton Funeral Home North Kansas City, Missouri**
 20. FILED **Mar 1 1939 Viola C. Mayer**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 15, 1939** 19 _____
 22. I HEREBY CERTIFY, That I attended deceased from **Feb - 13 1939** to **Feb - 13 1939**
 I last saw her alive on **Feb - 15 1939**. Death is said to have occurred on the date stated above, at **6:30 pm**.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis & Generalized Edema
Chronic Myocarditis
 Date of onset **Jan / 39 1938**
 Other contributory causes of importance: **59**
Diabetes **1937**
 Name of operation **None** Date of _____
 What test confirmed diagnosis? **Uremia** Was there 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) **Harold Staley**, M. D.
 (Address) **North Kansas City, Mo**
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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.

Per. L.M.A.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/13/39

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,

Personally

....., or by

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

Signed *Harold L. Carson*

Licensed Embalmer No. *2605*

P. O. Address *North Hill*

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.