

REC'D MAR 20 1939

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

6736

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3019
(c) City Independence (d) Street No. 908 S. Osage Registered No. 65
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mable Pearl Raveill

(a) Residence, No. 908 S. Osage 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF John Raveill
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1889

7. AGE YEARS 49 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

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) Sibley
(STATE OR COUNTRY) Missouri

13. NAME Roswell Wilcox
14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Catherine R Andes
16. BIRTHPLACE (CITY OR TOWN) Mt. Sidney
(STATE OR COUNTRY) Virginia

17. INFORMANT John Raveill
(ADDRESS) 908 S. Osage Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Febr. 22, 1939

19. FUNERAL DIRECTOR H. W. Stahl.
(ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED: 2-23-39 F. L. Cook (Address) Independence, Mo.
Local Registrar. 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 20, 1939 19

22. I HEREBY CERTIFY That attended deceased from Feb. 13, 1939 to Feb. 20, 1939
I last saw her alive on Feb. 19, 1939 Death is said to have occurred on the date stated above, at 5:25 A.M.

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

Cerebral Hemorrhage Int 12/39
Paralysis of left side

Other contributory causes of importance:

Hypertension

Name of operation none Date of
What test confirmed diagnosis? clinical 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?
If so, specify F. L. Cook M. D.
(Signed) F. L. Cook

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.)