

REC'D MAR 20 1939

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

6745
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue ~~New~~ Primary Registration District No. 5554
 (c) City K.C. Mo. (d) Street No. 8610 Smart 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 Mrs. Mary Marie Floyd

(a) Residence, No. 8610 Smart 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. E. Floyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 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) Missouri

FATHER 13. NAME J. G. Case

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Martha Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. E. Floyd
8610 Smart, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills Cem DATE Feb. 4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED 2-10-39 F. L. Cook
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1938, to Feb. 2, 1939

I last saw her alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 11:AM m.

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

Cerebral Hemorrhage Date of onset 2-2-39
J. W.

Other contributory causes of importance:
Essential Hypertension
Arteriosclerosis

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? No
 If so, specify

(Signed) Lawrence W. Bunnell, M. D.
 (Address) 3200 Indep. Ave
360

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.....

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.