

REC'D APR 17 1939

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

9354

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1092
 (c) City Kansas City (d) Street No. 1101 E. 11 St 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. 960

2. PRINT FULL NAME

(a) Residence, No. 1101 E. 11 St. 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Cary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 23

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. At home
 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) Iowa

FATHER 13. NAME G. W. Harner

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

MOTHER 15. MAIDEN NAME Virginia Ray

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

17. INFORMANT (ADDRESS) Mrs. Elenore Amberger
1101 E. 11 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3/3 1939

19. FUNERAL DIRECTOR (ADDRESS) Stue & McClure
Kansas City, Mo.

20. FILED 3/3 1939 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1939, to 2-27, 1939

I last saw her alive on 2-27, 1939. Death is said to have occurred on the date stated above, at 12:15 A

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

2-19-39 Bronchitis Pleurisy Date of onset 2-19-39
110 b

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) Amey E. Brown, M. D.

(Address) 2637 E. 29 - Kansas City, Mo.

2637 E 279

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.)