

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

9630
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4225 Genesee St. Mo.
 (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 Martha E. Dando

(a) Residence, No. 4225 Genesee 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I. J. Dando
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1872
 7. AGE YEARS 66 MONTHS 10 DAYS 12 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) Clinton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Bryant 14. BIRTHPLACE (CITY OR TOWN) Bristol (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Martha Long 16. BIRTHPLACE (CITY OR TOWN) Bristol (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mr. George E. Dando 4225 Genesee

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Mar. 21 19. 39

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED Mar 21 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1938, to Mar 20 1939
 I last saw her alive on Mar 19 1939 Death is said to have occurred on the date stated above, at 9 am

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis for influenza 3 yrs ago
12480
 Date of onset 3 yrs
 Other contributory causes of importance: cirrhosis liver, last 6 mo 6 mo

Name of operation _____ 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) Harry E Schoenert
 (Address) 243 W. 14th St. K.C. Mo

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.

Dr. Schoen
Werby Bldg.

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,

Harlyn Rose

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Harlyn Rose

Licensed Embalmer No. *7810*

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.