

DEC'D MAY 10 1939

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

No. 4521
 13785
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 100
 (b) Township Raw Primary Registration District No. 100 Registered No. 1489
 or K.C.Mo.
 (c) City K.C.Mo. (d) Street No. 141 S. Edwards 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

MARY ELIA OWEN
 (a) Residence, No. 141 S. Edwards 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 Fe. 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 Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 04 5 - 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 6 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Lexington Mo.
 FATHER 13. NAME James Mc Cormick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 MOTHER 15. MAIDEN NAME Mary Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.
 17. INFORMANT Rhea Thompson
 (ADDRESS) 141 S. Edwards K.C.Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington DATE April 10 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wentzells Lexington Mo.
 20. FILED 4-7 1939 M.M. Crow, cash
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1939, to April 7, 1939
 I last saw him alive on Apr 7, 1939 Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial failure
with hypertensive
heart disease
 Date of onset 95 hr 2
 Other contributory causes of importance:
Terminal hypertensive pulmonary congestion
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? 1
 If so, specify _____
 (Signed) W. B. Soderberg, M. D.
 (Address) 1316 Professional 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, or by.....

Farrest I Kempel

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Farrest I Kempel

Licensed Embalmer No.....

3275-

P. O. Address.....

Lexington, Va

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.