

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.

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

28075  
Do not use this space.

SEP 6 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3077  
 (c) City K. C. Mo. (d) Street No. 3228 Harrison 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. moa. da.

2. PRINT FULL NAME Mrs. Mary Ann Dumlner  
3228 Harrison  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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 (OR) WIFE OF Wm. R. Dumlner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 9 5

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Livingston County Missouri

FATHER  
 13. NAME Alexander Hargrave  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri

MOTHER  
 15. MAIDEN NAME Eldora Jane Miller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Dorothy Markle  
3228 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Aug. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.

20. FILED Aug 2 1939 M. M. Brown  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to Aug 1, 1939  
 I last saw him alive on Aug 1, 1939 Death is said to have occurred on the date stated above, at 10:25 AM  
 The principal cause of death and related causes of importance were as follows:

Date of onset 2 year  
131  
Chronic Myocarditis

Other contributory causes of importance:  
Chronic Hemorrhoidal Inflammation ?

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? no 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) Otto F. Reimann D.  
 (Address) 1115 Grand Ave

Dr. Ott Reisman

Shukert Bg

VI 4234

Vi 0822 S'

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 *A. B. Hunschiff*

Licensed Embalmer No. *4062*

P. O. Address *K. C. MO*

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.