

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

38555  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 3304 Tracy 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. 4319

**2. PRINT FULL NAME**

(a) Residence, No. 160 Rose Lee Schaberg St.   
3304 Tracy (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Schaberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 - 1914</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Home work</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>L</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1939</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>William Nidey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Eveline Mackray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Frank Schaberg</u> <u>Wellington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellington Mo</u> DATE <u>Nov 12 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Queen's Funeral</u> <u>Wellington Mo</u>		
20. FILED <u>Nov 12 1939</u> M. M. Brown Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 - 1939 to Nov. 12 - 1939  
 I last saw her alive on Nov. 11 5:00 p.m., 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pericardial Anemia  
9/26

Other contributory causes of importance:  
mitral insufficiency

Name of operation none 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? 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) J. Henry George M.D.  
2615 Webster K.C. Mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SDM-1-12-30 1 X14025

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.

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**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.**