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

1616
Do not use this space.

Registered No. 304

1. PLACE OF DEATH
(a) County Jackson. Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002
(c) City K. C. Mo. (d) Street No. 2005 Independence, Avenue 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 Clara Rheums, 620
(a) Residence, No. 2005 Indp. Avenue, K. C. Mo. St.
(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: 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 Lee H. Rheums

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17th, 1872

7. AGE: Years 65 | Months 6 | Days 3 | 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) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Hiram Woodbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

MOTHER
15. MAIDEN NAME Ellen Woodbeck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Lee H. Rheums
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Jan. 22nd, 1938

19. FUNERAL DIRECTOR Mrs. C.L.Forster, K.C.Mo.
(ADDRESS) 918 Brooklyn Avenue

20. FILED Jan 20 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1937, to Jan. 19, 1938
I last saw her alive on Jan 19, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Stroke of apoplexy — Date of onset 12/26/37
131

Other contributory causes of importance:
Hypertension of — 11/17
nephritic origin - Chronic

Name of operation No 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) L. F. Owen M. D.
(Address) North Kansas City

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 1? 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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 wi the above constitutes grounds for revocation of license.)