

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

2990
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township _____ Primary Registration District No. 3019 Registered No. 36
 (c) City Independence (d) Street No. 1407-W-Short _____ 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

Margaret L. Friend 653
 (a) Residence, No. 1407-W-Short 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 5 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937, to 1-31, 1938
 I last saw her alive on 1-25, 1938. Death is said to have occurred on the date stated above, at 2 4 m.
 The principal cause of death and related causes of importance were as follows:

Heart failure
Heart failure
 Date of onset 12/28/37
 Other contributory causes of importance: Old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmount West Va.

FATHER 13. NAME Richard Friend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Margaret Knitly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Anne Roberts 1407-W-Short

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE 2/1/1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. C. Edison Indy, Mo.

20. FILED 2-2-38 S. L. Cook Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera 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) W. H. Thompson, M. D.
 (Address) Independence

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

1 X12004

Messinger

RECEIVED

FEB 25 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 with the above constitutes grounds for revocation of license.)