

RECORDED 19 1938

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

10754
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 228
(c) City Springfield (d) Street No. 1335 N. Marion Ave. 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 BARBARA REBECCA RAY
(a) Residence, No. 1335 N. Marion Ave. 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

1. SEX Female
2. COLOR OR RACE White
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1860
7. AGE YEARS 77 MONTHS 9 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
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. at home
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) Pennsylvania

FATHER 13. NAME Peter Kumbarger

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Ray

18. BURIAL, CREMATION OR REMOVAL PLACE Springfield DATE March 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Klingman & Co. Springfield, Mo.

20. FILED March 13, 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1938
22. I HEREBY CERTIFY, That I attended deceased from 3-9-1938, to 3-11-1938, 1938
I last saw him alive on 3-11-1938. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Date of onset 3-5-38
Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) R. Ned White, M. D.
Springfield

WRITE PLAINLY, WITH 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, J. B. Klingner, Licensed Embalmer No. 3358
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Poy A. Carvin
L. E. 1963 and Warren D. Tollett L. E. 400
No. and Wm. Max Rhodes, Registered Apprentice No. 117
working under my personal supervision.

Signed J. B. Klingner
Licensed Embalmer No. 3358

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.)