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.

REC'D MAY 17 1938

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

14098
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 460
(c) City St. Joseph, (d) Street No. 2225 Duncan 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 66 yrs. 7 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frankie Anna Curtis Vories, 620
(a) Residence, No. 2225 Duncan 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 Lawrence A. Vories,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th. 1871
7. AGE: YEARS 66, MONTHS 7, DAYS 12. If LESS than 1 day, ...hrs. or ....min.

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) Saint Joseph, Missouri, 0

FATHER
13. NAME Anson Curtis, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Michigan, 9

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Lawrence A. Vories 2225 Duncan Str.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE April 27, 1938
19. FUNERAL DIRECTOR (ADDRESS) Heaton - Bergels & Bowman 319 So. 10th. Str. Funeral Home
20. FILED April 27, 1938 H. J. Nettlebush By J. C. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 24, 1938
I last saw her alive on April 24, 1938. Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion c̄ Heart failure	4/24/38
Coronary Sclerosis of Heart	1935
93C -	
Other contributory causes of importance:	
Arterio Sclerosis general	1930
Chr. Myocarditis	

Name of operation none Date of
What test confirmed diagnosis? Phy. Exam 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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) [signature], M. D.
(Address) 825 Charles St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. ..... or by ..... Registered Apprentice No. .....

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocatión of license.)