REC'D JUN 9 1937

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

Do not use this space. 17401

1. PLACE OF DEATH
(a) County Jackson
(b) Township Raw
(c) City K. C. Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 2098
(d) Street No. Robison Clinic 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 Mrs Ora Ruth Bedford
(a) Residence, No. Trenton 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Bedford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1885
7. AGE YEARS 53 MONTHS 3 DAYS 29 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) Fairfax Mo

FATHER
13. NAME Unk. Stouffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un Known Ohio

MOTHER
15. MAIDEN NAME Matilda Willoby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un Known Ohio

17. INFORMANT (ADDRESS) Thelma Bedford Ambassador Hotel 3/6th [illegible]
18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE 5-22 1938
19. FUNERAL DIRECTOR (ADDRESS) E. C. Breit Savannah Mo
20. FILED May 21 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937, to May 20 1938
I last saw her alive on May 20 1938. Death is said to have occurred on the date stated above, at 1:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Metastatic of Lung	1929
50	

Other contributory causes of importance: Primary - Breast

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? 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) Milo Robinson Jr., M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence E. Shiler, Licensed Embalmer No. 3473

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

L. E.

No. 3472 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence E. Shiler

Licensed Embalmer No. 3473

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.)