REC'D AUG 8 1938

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

24296
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2801
(c) City Kansas City, Mo. (d) Street No. 4718 Jarboe 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. Margaret Bangs
(a) Residence, No. 4718 Jarboe 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marcus L. Bangs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1854
7. AGE: YEARS 83 — MONTHS 11 — DAYS 9 — 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): Pennsylvania 1

FATHER
13. NAME: James Dunn 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland 4

MOTHER
15. MAIDEN NAME: Christine Hardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs. A. H. Meyer, 4718 Jarboe
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE July 13 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway
20. FILED 7-12 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1930, to July 11, 1938
I last saw her alive on July 2, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Senility.

1070

Other contributory causes of importance:
Bilateral Broncho Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Lawrence P. Engel M. D.
(Address) Plaza Medical Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

Dr. L. P. Engel
Plaza medical Bldg
2-5 except wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.