REC'D SEP 20 1938

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

29134

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Prairie
(c) City
(d) Street No. Jackson Cy. Home for Aged 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.

Registration District No. 400
Primary Registration District No. 5553 B Registered No. 185

2. PRINT FULL NAME Rachael Anna Neff Ware 6 St.
(a) Residence, No. 930 N Spring 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 Fe
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence Ware

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE 71 YEARS ~~65~~ MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Missouri 0

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

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

17. INFORMANT (ADDRESS) Pattie Woods 900 E Wilbo Inf. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem. N.C. Mo DATE Aug 31 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros 1729 Sydney Ave

20. FILED Aug 30 1938 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug 29, 1938
I last saw her alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic & Mitral Insufficiency	

Other contributory causes of importance: 93 N

Name of operation None Date of
What test confirmed diagnosis Phys. Exam 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?
If so, specify
(Signed) L. W. Booker, M. D.
(Address) 2028 Vine St.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 5 1950

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, ...
N. B. Hatkins, or by .....

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

Signed N. B. Hatkins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

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

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