

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

31479
 Do not use this space.

OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1902 Registered No. 3776

(c) City Kansas City (d) Street No. Trinity Lutheran Hosp. 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. Rebecca Fargery 620

(a) Residence, No. 708 State Line K.C. Mo. 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

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 Oliver Fargery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1850

7. AGE YEARS 88 MONTHS 2 DAYS 20 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) Missouri

FATHER 13. NAME Wm. Bruce

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

MOTHER 15. MAIDEN NAME Wm. Clanton

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

17. INFORMANT Mrs. Susan Fox
 (ADDRESS) 708 State Line K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Powell DATE 9/29 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City Mo.

20. FILED Sept 28 1938 M. M. Chrome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/28 1938

22. I HEREBY CERTIFY That I attended deceased from Sept-22 1938 to Sept-28 1938
 I last saw her alive on Sept 28 1938. Death is said to have occurred on the date stated above, at 1 A m.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 9/27/38

92 C

Other contributory causes of importance:
Ch. Myocarditis

Name of operation Ch. Myocarditis 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 Ray U. Starn M. D.
 (Signed) Ray U. Starn (Address) 6247 Broadway Blvd
K.C. Mo.

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.

Dr. W. H. Johnson
Trinity 10 A.M.

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.