REC'D OCT 18 1938

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

31793
Do not use this space.

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1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 86
(b) Township Washington, Primary Registration District No. 5127 Registered No. 52
(c) City (d) Street No. 2 Mi. E. of St. Joseph, Saxton Road 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Stringfellow, 365
(a) Residence, No. R.F.D.# 4, St. Joseph, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert E. Stringfellow,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1856
7. AGE: YEARS 82, MONTHS 3, DAYS 10. 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): Kansas City, Missouri, 0

FATHER
13. NAME: John C. McNees, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Missouri, 0

MOTHER
15. MAIDEN NAME: Margaret A. Haden,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Missouri.

17. INFORMANT (ADDRESS): Miss Anna D. Stringfellow 3816 Troost Ave., Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo DATE Sept. 24th 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bergen & Bowman 319 So. 10th. Str. Funeral Hm
20. FILED Sept 24, 1938 Mystle M. Hanson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 21st 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-16-, 1938, to 9-20-, 1938
I last saw her alive on 9-20, 1938 Death is said to have occurred on the date stated above, at 5:05 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis. Date of onset
93C
Other contributory causes of importance: Pneumonia-following fracture of limb. Yr. ago.
Name of operation — Date of —
What test confirmed diagnosis? Clinical 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. Home
Manner of injury Fall on floor about 11/37
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Blanch B. Rennick, M.D.
(Address) 222 Logan Bldg

(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, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Sept. 21, 192

L. E.

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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