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. L. ... Hubbard
... Bldg.

REC'D NOV 21 1938

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

34771
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. 3216 Central 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. 399
Primary Registration District No. 1002
Registered No. 4107

2. PRINT FULL NAME 240 Mrs. Margaret Bray McCall
(a) Residence, No. 3216 Central 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: Ed McCall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1858

7. AGE: YEARS 80 | MONTHS | DAYS 16 | 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): Tecumseh, Kansas

FATHER
13. NAME: Dennis B. Bray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ellen Hendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Anna Bray, 3216 Central

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Ko DATE Oct. 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin Co., Kansas City, Mo.

20. FILED Oct 21, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-19-, 1938, to 10-19-, 1938
I last saw her alive on 10-19, 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:
Pneumonia, (Hypostatic)
Apoplexy.
Date of onset: about 3 days
8 2 a 1

Other contributory causes of importance:
apoplexy

Name of operation: None Date of
What test confirmed diagnosis? Physical 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) S. B. Hubbard, M. D.
(Address) 226 Lathrop Bldg

(Licensed Embalmer's Statement on Reverse Side) K C Mo

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 comp with the above constitutes grounds for revocation of license.)

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