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.

REC'D DEC 14 1938

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

38136
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 4370
(c) City Kansas City (d) Street No. 5070 Virginia 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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 612 Margaret Jane Jarvis
(a) Residence, No. 5070 Virginia 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 Chas A. Jarvis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1864
7. AGE YEARS 74 MONTHS 5 DAYS 11 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) Des Moines Iowa 1

FATHER
13. NAME Same Coburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio 1

MOTHER
15. MAIDEN NAME Carthila J Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio 1

17. INFORMANT (ADDRESS) Mrs Ethel M. Hoenshell Fremont Neb.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Nov. 10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Sons Brushcreek & Pass
20. FILED Nov 9 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7:20 A m.
The principal cause of death and related causes of importance were as follows:

Dignity Corona

Coronary sclerosis
Chronic diffuse myocardial scarring
Acute pulmonary edema

Date of onset 94B

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Victor B. Richter, M. D.
(Address) Gen Hosp; K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....Nell Carr

Licensed Embalmer No.....3976

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.