

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.

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

38177
Do not use this space.

DEC 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 2 399
 (b) Township Kaw Primary Registration District No. 1 1002
 (c) City K. C. Mo. (d) Street No. 1811 East 41st 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.
 260 Mrs. Mary E. Kyger
 2. PRINT FULL NAME
 (a) Residence, No. 1811 East 41st St. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. John W. Kyger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>86</u>	<u>4</u>	<u>24</u>	

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) Independence, Mo. 0

FATHER

13. NAME Nelson Scholl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Harriett Boone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Dr. Fred B. Kyger,
(ADDRESS) 637 W. 67th Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov. 14 1938

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED Nov 12 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936 to Nov 11, 1938
 I last saw her alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Sclerosis
& Char. Fibrous Degeneration 11/29/38
 Date of onset 11/29/38
 930
 Other contributory causes of importance:
Cholelithiasis

Name of operation none Date of
 What test confirmed diagnosis Case Study 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 _____
 (Signature) Dr. Fred B. Kyger M. D.
 (Address) 850 Professional Bldg.

Prof. Elder
11 7/8 Avenue St
820

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.