WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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LEFT DEC 13 1938

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

38683
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 1002
(b) Township 1 Primary Registration District No. Registered No. 1193
(c) City St. Joseph (d) Street No. 1607 MAIN 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 MISS- MARY- A- DAILY.
(a) Residence, No. 1607 MAIN 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 wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. ? 1859
7. AGE YEARS 79 MONTHS 7 DAYS ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. for Priest
10. Date deceased last worked at this occupation (month and year) abt 1928
11. Total time (years) spent in this occupation years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know Ill.

FATHER
13. NAME Do Not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know Do Not Know

MOTHER
15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know Do Not Know

17. INFORMANT (ADDRESS) Mrs J L Brady St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem. DATE Nov. 30 1938
19. FUNERAL DIRECTOR (ADDRESS) Stanley Funeral Home St Joseph Mo
20. FILED Nov 29 1938 H. J. Nestlebush E.T. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Nov 28, 1938
I last saw her alive on Nov 27, 1938. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:
Arteriosclerosis & hypertension

Name of operation none Date of
What test confirmed diagnosis? Clin. Hist. 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?
If so, specify
(Signed) Forrest Thomas, M. D.
(Address) 1301 No 25th.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Ray Slaney, Licensed Embalmer No. 2435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Raymond Stroot, Registered Apprentice No. 166

working under my personal supervision.

Signed John Ray Slaney

Licensed Embalmer No. 2435

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.)