DEC 1 JAN 1939
900 Realto
12 30 - 3

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

41630
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 4696

(c) City Kansas City — (d) Street No. 218 E. 79th Terrace 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.

2. PRINT FULL NAME 577 Mrs. Ida May Roney

(a) Residence, No. 218 East 79th Terrace 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl T. Roney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	6	19	

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, Mo. 0

FATHER
13. NAME Charles Bauer 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio 1

MOTHER
15. MAIDEN NAME Mary Lacey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira New York

17. INFORMANT (ADDRESS) Earl T. Roney 218 East 79th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co. K. C., Mo.

20. FILED Dec 2, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Dec 1st, 1938
I last saw her alive on Nov 30th 5 PM, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral & Aortic Insufficiency	12 yrs
following Acute articular Rheumatism 12 yrs ago	92 dy

Other contributory causes of importance:
Small goiter, Bracket & Severe Cough 10 days

Name of operation — Date of —
What test confirmed diagnosis? This Ex. Was there an autopsy? —

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) Geo F Hamel, M. D.
(Address) 900 Realto 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 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.