REC'D APR 17 1939

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

9561
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. 1167
(c) City Kansas City, Mo. (d) Street No. 1329 Troost 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 516 Maggie E. Winebrenner
(a) Residence, No. 1329 Troost, K. C. Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James S. Winebrennen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1882
7. AGE YEARS 56 MONTHS 3 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) California Missouri

FATHER
13. NAME William Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri

MOTHER
15. MAIDEN NAME Gertrude Ray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri

17. INFORMANT (ADDRESS) James S. Winebrennen 1329 Troost, K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 15 1939
19. FUNERAL DIRECTOR (ADDRESS) Daniels Bros. 644 Kansas Ave., K. C. K
20. FILED Mar 15 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1939, to Mar 13, 1939
I last saw her alive on Mar 12, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Mach~~	Mar 1-
Nephritis Chronic 131	39
Other contributory causes of importance:	
Ear infection	1yr

Name of operation None Date of
What test confirmed diagnosis? Phys. Sym. + tests 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) [signature] M. D.
(Address) 907 Waldheim Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Katie Daniels Parish, Licensed Embalmer No. 2391

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Katie Daniels Parish

Licensed Embalmer No. 2391

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.)