REC'D MAY 10 1939

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

13674
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. 1428
(c) City Kas City Missouri — (d) Street No. North East Hospital 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 523 Mrs. Nancy Yengst.
(a) Residence, No. 1412 Ruby Ave St. Kas City Kas.
(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: Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 26 1872
7. AGE: YEARS 66 — MONTHS 6 — DAYS 5 — 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. at home
10. Date deceased last worked at this occupation (month and year) Feb 14 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cutler Illinois

FATHER
13. NAME: Henry Ervin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IreLand

MOTHER
15. MAIDEN NAME: Martha Lowden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Charles Ervin 1412 Ruby Ave Kas City Kas
18. BURIAL, CREMATION, OR REMOVAL
PLACE Emporia Kas. DATE April 4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Simmons Son 1404 So 37 Kas. City Kas.
20. FILED Apr 3 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 1934, to April-1 1939
I last saw her alive on 4-1 1939. Death is said to have occurred on the date stated above, at 8 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Terminal illetis paralitic illius~~	~~30-1939~~ 21-1939
Decompensated myocarditis	

Other contributory causes of importance:
Terminal iletis paralitic illius

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) [signature], M. D.
(Address) 1432 S. 34 St. K.C.K.

(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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.