REC'D AUG 22 1939

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

25869
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON
(b) Township Washington
(c) City GRANDVIEW
Registration District No. 404
Primary Registration District No. 5-33-8
Registered No. 58
(d) Street No. R.F.D. #1 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. MAUDE MARIAN FERREE
(a) Residence, No. R.F.D. #1 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: 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 MARVIN E. FERREE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR-1-1881
7. AGE: Years 58 | Months 4 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

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) YATES CENTER (STATE OR COUNTRY) KANSAS

FATHER
13. NAME T. H. HORTON
14. BIRTHPLACE (CITY OR TOWN) YATES CENTER (STATE OR COUNTRY) KANSAS

MOTHER
15. MAIDEN NAME IDA L. HARRIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT MR. MARVIN E. FERREE (ADDRESS) R.F.D. #1 K.C. MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JULY 13, 1939
19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SON (ADDRESS) KANSAS CITY, MISSOURI
20. FILED 8-10-1939 Mrs J J Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY. 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-9-39 to 7-9, 1939.
I last saw her alive on 7-9-39, 19.... Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Paralysis of Respiratory Center, from Cerebral Hemorrhage and Pneumonia. (History)	7-4-39
Other contributory causes of importance: Arteriosclerosis, Chronic Nephritis + Dyspepsia	3

Name of operation — Date of —
What test confirmed diagnosis? — 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) Dr. E. E. Wyckoff, M. D.
(Address) 3644 Tracy Ave.

(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.

Fitt. Bach

A. J. Salmon

3644 Troost

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

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.