

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

34996
 Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township JAW Primary Registration District No. 1002 Registered No. 3971
 (c) City KANSAS CITY (d) Street No. 1 - WEST CONCORD St.
 (e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME MRS. MARY JANE LINN HARRELL
 (a) Residence, No. 1 - WEST CONCORD 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) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF JOHN R. HARRELL
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 23 1852
 7. AGE YEARS 86 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.
 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) PLATTE COUNTY (STATE OR COUNTRY) MISSOURI
 13. NAME ELY LINN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA
 15. MAIDEN NAME FRANCES HANDSFORD
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. TOM FIELDS (ADDRESS) 1 - WEST CONCORD
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE OCTOBER 16 1939
 19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLYD
10/16 39 M. M. Croome
 20. FILED _____ 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 14 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to October 14, 1939. I last saw her alive on October 14, 1939. Death is said to have occurred on the date stated above, at 3:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Fracture Left Hip (old) Sept 20 1938
Wernia 18 10 - Oct 7 1939
Terminal Broncho Pneumonia (non tuberculous) Oct 10 1939
 Other contributory causes of importance:
Chronic Myocarditis ?
Generalized Arteriosclerosis ?
 Name of operation none Date of _____
 What test confirmed diagnosis? X-ray 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 Sept 20 1938
 Where did injury occur? 1 West Concord Kansas City, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fallen floor in home
 Nature of injury Fracture Left Hip
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Harvey E. Cain M. D.
 (Address) 632 West 13th St. Kansas

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2. 5010-1-12-39 I X14022

*Professional Seal
K. E. Brewer
(Institutional Seal)*

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 *N. O. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *Kansas City Mo.*

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.