

NOV 24 1939

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

36039

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 312
(b) Township Jackson Primary Registration District No. 4188
(c) City King City (d) Street No. _____ St.
40 (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 Anna E. Ibson
- (a) Residence, No. _____ 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 OF James Ibson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
78 10 28

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) Scott Wis (STATE OR COUNTRY) 1

FATHER 13. NAME James Stevens 1

14. BIRTHPLACE (CITY OR TOWN) Broom Co. N.Y. (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Martha Day

16. BIRTHPLACE (CITY OR TOWN) Essex Vermont (STATE OR COUNTRY)

17. INFORMANT Mrs. Leona Owen (ADDRESS) King City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE Oct. 22 1939

19. FUNERAL DIRECTOR (NAME) Wm. L. Gee (ADDRESS) King City Mo.

20. FILED 10/22/39 Donald J. Stark (Address) King City, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Oct 20 1939

I last saw her alive on Oct 20 1939. Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

Initial resuscitation Date of onset 1938

Other contributory causes of importance: 920

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?
If so, specify _____ (Signed) D. S. Black, M. D.

(Address) King City, Mo.

284 (Licensed Embalmer's Statement on Reverse Side)

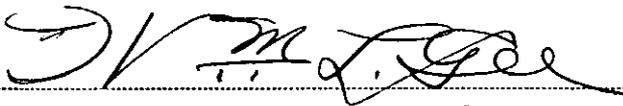
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
(L.M.H. Health Officer No. 11)
1139-1519
NOV 16 1939

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, ###
....., Registered Apprentice No.
working under my personal supervision.

Signed 
Licensed Embalmer No. 2539
P. O. Address ing 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.