

REC'D MAR 20 1939

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

6722
Do not use this space.**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 399 Registered No. 59
 (c) City Independence Mo (d) Street No. Independence Sanitarium 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

(a) Residence, No. 236 Mo Jane Easter St. (If nonresident, give city or town and State)
8827 Lexington (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 Harry C. Easter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1882
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 6 0
 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. at-home
 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) Canada
 FATHER 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Sarah C. Hart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 17. INFORMANT Jewel C. Lambert
 (ADDRESS) 8827 Lexington
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2/17/39
 19. FUNERAL DIRECTOR (NAME) Stuart McClure
 (ADDRESS) Kansas City, Mo
 20. FILED 2-20-39 F. L. Leach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/39
 22. I HEREBY CERTIFY, That I attended deceased from 10/9/39, 1939, to 2/16, 1939. I last saw her alive on 2/15, 1939. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Uremia
 Date of onset 2/1/39
 Other contributory causes of importance:
nephrosclerosis
chronic interstitial nephritis?
chronic cystitis
none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify Yes
 (Signed) Fred W. Hink M. D.
 (Address) Farmington Mo

102-35-27040-104
2 Detroit
L. Harold Klink

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 comply with the above constitutes grounds for revocation of license.)

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