

Registration District No. 400

Primary Registration District No. 55530-4111 Registrar's No. 226

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 E - 3rd st ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Lee's Summit Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 300 E - 3rd st
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME MRS STEVE LAND 536

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb 23rd 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Boscabelle Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Carter Stone

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Graham

15. Birthplace Boscabelle Miss
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carol Land

(b) Address _____

17. (a) Burial (b) Date thereof Nov 25-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director F. M. Schick & son

(b) Address 218 So Douglas St Lee's Summit

19. (a) 11-24-39 (b) Carol S. Land
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1939 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 6-1, 1937, to 11-23, 1939;
that I last saw her alive on 11-23, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Hypertension

Due to 82th

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Lee's Summit Date signed 11-23-39

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.....

F. M. Schick

Licensed Embalmer No.....

1856

P. O. Address.....

Lee's Summit 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.