

STANDARD CERTIFICATE OF DEATH

6859

State File No.

FEB MAR 16 1940

Registration District No. 298

Primary Registration District No. 3019

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence San 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE B. LARM 1:50

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 alive _____ years

7. Birth date of deceased Sept. 14 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Longwood, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name George Woodson

13. Birthplace Longwood, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Morgan

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lura Hemms

(b) Address Route 3, Independence, Mo.

17. (a) Brown (b) Date thereof 8/28/40
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Delia, Mo.

18. (a) Signature of funeral director Large Carson

(b) Address Independence, Mo.

19. Feb 28-1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. Spring Branch & Emerson Rd
(If rural, give location) Route # 3.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1940 hour 10: minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 14 1868 to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Septicemia Staphylococcus
regarding not determined

Due to Infected Ulcer, 2nd thigh

Due to grad Rt Hip

Other conditions (Include pregnancy within 3 months of death) Blot typhus fever 10

Major findings: Of operations _____

Of autopsy done

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2-9-40
(c) Where did injury occur? Home Independence, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature [Signature] (M. D. or other) 4
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
54

MOTHER FATHER

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.