

Registration District No. 480

Primary Registration District No. 555710

Registrar's No. 32

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Little Blue  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jackson County Home for Aged  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
 In this community 28 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Homer Core

**3. (b) If veteran,** None **3. (c) Social Security name war** None

**4. Sex** M **5. Color or race** Col. **6. (a) Single, widowed, married, divorced** Single

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** July 3, 1911  
 (Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>20</u>	_____ hr. _____ min.

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

**10. Usual occupation** At Home

**11. Industry or business** \_\_\_\_\_

**MOTHER** { **12. Name** Thomas Core  
**13. Birthplace** Lexington, Missouri  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Jones  
**15. Birthplace** Lexington, Missouri  
 (City, town, or county) (State or foreign country)

**FATHER** { **16. (a) Informant** Mary Core  
**(b) Address** 410 North Noland  
**17. (a)** burial **(b) Date thereof** 2/29/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Woodlawn Cemetery

**18. (a) Signature of funeral director** Hutchins  
**(b) Address** 1729 Lydia

**19. (a)** 2-8-40 **(b)** Sara G. Beane  
 (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. 410 N. Noland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 23  
 year 1940 hour 1 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** Feb 20/40  
 \_\_\_\_\_, 19\_\_\_\_, to Feb. 23/40, 19\_\_\_\_;  
 that I last saw h. alive on Feb 23-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Epilepsy

**Due to** unknown

**Due to** 87

**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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?  
930 \_\_\_\_\_  
 White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** W. Booker (M. D. or other) \_\_\_\_\_  
**Address** 2028 Union St Date signed \_\_\_\_\_

**Duration** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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

*Isaac Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*1120 E 23rd St*

**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.**