V. S. No. 2
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FILED APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11248

Registration District No. 400 Primary Registration District No. 5553B Registrar's No. 53

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

1. PLACE OF DEATH

(a) County Jackson Prairie Twp

(b) City or town Lees Summit (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Mi North of L.S. RR (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Lees Summit (If outside city or town limits, write "RURAL")

(d) Street No. 4 Mi North, RR. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Susan Talley 400

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Spencer Lee Talley

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 28 (Day) 1865 (Year)

8. AGE: Years 74 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Clay Center Neb. (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business Home

FATHER
12. Name Urial Wade
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Carl Talley

(b) Address Lees Summit Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 40 (Year)

(c) Place: burial or cremation Lees Summit

18. (a) Signature of funeral director N. B. Langsford

(b) Address Lees Summit Mo.

19. (a) 3/17/40 (Date received local registrar) (b) Lora G. Graves (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1940 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1938, to March 16, 1940; that I last saw her alive on March 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Malignant Hypertension	4 yrs.
Chronic Nephritis	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 3	

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? 932 (Specify type of place)

While at work? (e) Means of injury

23. Signature Clint L. Miller (M. D. or other)

Address Lees Summit Mo Date signed 3/17/40

(Licensed Embalmer's Statement on Reverse Side)

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. 3833

P. O. Address Lees Summit

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.