No. 2
11-10-39
5-17-39
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FILED JUN 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D Grace.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18184

Registration District No. 198 Primary Registration District No. 2011 Registrar's No. 78

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 314 W. Excelsior St 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 58 yrs. 635

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No. 314 W. Excelsior St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JANIE R. COURTNEY
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jesse R. Courtney
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased 11 (Month) 9 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	4	..... hr. ..... min.

9. Birthplace (City, town, or county) Clay County (State or foreign country)
10. Usual occupation at Home
11. Industry or business —
MOTHER FATHER
12. Name Albert P. Campbelle
13. Birthplace (City, town, or county) unknown (State or foreign country) unknown
MOTHER
14. Maiden name Olive Pence
15. Birthplace (City, town, or county) unknown (State or foreign country) unknown
16. (a) Informant Jesse R. Courtney
(b) Address Excelsior Springs
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.
18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs
19. (a) May 16, 1940 (Date received by local registrar) (b) Mrs Ruth McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1940 hour 11 A.M. minute — M.
21. I hereby certify that I attended the deceased from April 1st, 1940, to May 13, 1940 that I last saw her alive on May 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	6 weeks
Due to Chronic Arterial Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Old age - 94	

Major findings:
Of operations —
Of autopsy —

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 John F. Grace (M. D. or other)
Address Excelsior Springs Date signed 5/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-40

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 Sw Hockensmith

Licensed Embalmer No. 3597

P. O. Address Excelsior Springs M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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