

SEP 16 1940

Registration District No. 398

Primary Registration District No. 3619

Registrar's No. 201

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

1. PLACE OF DEATH: Blue Tship

(a) County Jackson

(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 131 N Drury
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. T. Talma Presbury 121

(b) If veteran, name war None

(c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Presbury 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 27, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel Operator

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Staley Presbury,

(b) Address 80th & Wornall Road, K.C. Mo.

17. (a) Burial (b) Date thereof Aug. 5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) Aug. 5/40 (b) H. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 3, 1940 to Aug 3, 1940 that I last saw her alive on Aug 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 34 da

Due to arteriosclerosis of 20 yr

Due to _____

Other conditions Septicemia from 15 da
(Include pregnancy within 3 months of death)

Major findings: fractures of back PHYSICIAN
Of operations _____

Of autopsy _____

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? 360
(Specify type of place) (e) Means of injury _____

23. Signature J. H. Peterson (M. D. or other) _____

Address Independence Mo Date signed Aug 5 40

AUG 31 1949

Dr. Hickerson,

1st Natl Bank Bldg.

Indep. Mo.

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address PC 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.