

FILED SEP 16 1940

Registration District No. 400

Primary Registration District No. 5553K

Registrar's No. 151

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

1. PLACE OF DEATH:

(a) County Jackson Co. Eureka Hosp
(b) City or town Little Blue, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co. Eureka Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 309 North Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME D. X. Mars Olive, 356

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Sept 2 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name one Cousin
15. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)

16. (a) Informant David E. Titmars
(b) Address 309 No. Main

17. (a) Remove (b) Date thereof Aug 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Journey, Mo

18. (a) Signature of funeral director George E. Dixon
(b) Address Independence Mo

19. (a) 8/12/40 (b) David E. Titmars
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/10/40 day Saturday
year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-10-40
19____ to 8-10, 1940
that I last saw him arrive on 8-10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Acute nephritis
Cystitis

Due to Nephrolithiasis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy As above

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 George E. Dixon (M.D. or other) _____
Address Jackson Co. Hosp Date signed 8-11-40

Physician
Duration 6 wks
Underline the cause to which death should be charged statistically.

Little Blue, 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 _____

Ralph E. Miller

Licensed Embalmer No. 4924

P. O. Address Indy, 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.