

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

35499

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 272

854

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1210 W. Elm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 10 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 W. Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

9. (a) PRINT FULL NAME Rosa Ann Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1940 hour 10 minute 30 P.M.

3. (b) If veteran, name war _____ (c) Social Security No. _____

21. I hereby certify that I attended the deceased from November 4, 1940, 19____, to _____, 19____, that I last saw her alive on Nov - 1st - 1940, 19____, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Apoplexy - (Cerebral hemorrhage) WHO

7. Birth date of deceased Jan. 8, 1875
(Month) (Day) (Year)

Due to _____
Due to _____ § 2, W

8. AGE: Years 65 Months 9 Days 28 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

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

Major findings: ✓
Of operations _____
Of autopsy ✓

11. Industry or business _____
12. Name Angelo Tuttle 9
18. Birthplace Denver Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Favorita Kennedy
(b) Address 414 W. Maple Indip. Mo

360 (Specify type of place) _____
While at work? ✓ (e) Means of injury _____

17. (a) Burial (b) Date thereof Nov 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature V. S. Gardner (M. D. or other) _____
Address Independence Mo Date signed 11/7/40

(c) Place: burial or cremation St. Ignace
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence
19. (a) Nov. 8, 40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

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.