

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10888

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence

(c) Name of hospital or institution: 903 N Lynn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Jane Larkey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Perry B Larkey

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 26 1869
(Month) (Day) (Year)

8. AGE: 71 Years 11 Months 4 Days
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name C J Good

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

14. Maiden name Lovisa Selby

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

16. (a) Informant Perry B. Larkey

(b) Address 903 N. Lynn

17. (a) Removal (b) Date thereof 4/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexwin, mo

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, mo

19. (a) March 31-41 (b) H. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 903 N Lynn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from Feb 4, 1941, to March 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to _____

Due to _____

Other conditions Terminal Pneumonia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

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? 3100

While at work? _____ (Specify type & place)

(e) Means of injury _____

23. Signature W. Saunders (M. D. or other) Ind.

Address 1041 1/2 W Maple Date signed 3-31-41

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

111c

Per. Henderson
Permit via Linkup -

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

L. Marion Scott

Licensed Embalmer No. *3156*

P. O. Address. *Independence*

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

If this body is not embalmed, fact should be so stated above.

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Primary Registration District No. 3019

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hattie Jane Larkey
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 W

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

(Immediate cause of death) unknown Duration _____

Due to _____ 107

Due to Bronchopneumonia

(Other conditions) Terminal Pneumonia
(Include pregnancy within 3 months of death)

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 E. R. Saunders MD (M. D. or other) _____
Address Independence MO Date signed 6-7-41

SUPPLEMENTARY

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

1941
S-10888