

No. 2
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PUBLISHED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21846

Registration District No. 400

Primary Registration District No. 55533

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home South of Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home days
(Specify whether
In this community 15 Years
years, months or days)

3. (a) PRINT FULL NAME James E. Muir

3. (b) If veteran, name war WW
3. (c) Social Security No. 2nd

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower?

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 29 years
(Day) (Year)

7. Birth date of deceased Mar 29 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 18
If less than one day hr. min.

9. Birthplace Jackson/Minn
(City, town, or county) (State or foreign country)

10. Usual occupation taxi driver

11. Industry or business

12. Name Muir

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

14. Maiden name Wagner

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

16. (a) Informant Rebecca, Jackson County Home
(b) Address with Beers, Mrs.

17. (a) Anatomical (b) Date thereof 6/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical

18. (a) Signature of funeral director J. B. Langford
(b) Address Beers Summit, Mo.

19. (a) 6-19-41 (b) Paul E. Beers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 913 No. Cottage St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3/15, 1941 to 6/17, 1941
that I last saw her alive on 6/17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to
Due to 87A

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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 J. N. Green (M. D. or other)
Address Independence Date signed 6/18/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.7.....

working under my personal supervision.

Signed

W B Langford

Licensed Embalmer No.

3833

P. O. Address

Geis Summit

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, above space should be left blank.