

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson Mo
(b) City or town Jackson Mo
(c) Name of hospital or institution Deora Home for Elderly People
(d) Length of stay: In hospital or institution 4 yrs
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson Mo
(c) City or town Jackson Mo
(d) Street No. 622 Benton Blvd
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Harriett Stow

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

4. Sex female 5. Color white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____

8. AGE: Years 88 Months - Days - If less than one day hr. - min.

9. Birthplace Unknown

10. Usual occupation Home Wife

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs DeLora
(b) Address 622 Benton

17. (a) Removal (b) Date thereof 8/4/41
(c) Place: burial or cremation Greenwood Home

18. (a) Signature of funeral director Mrs. Mighels
(b) Address 2315 Plymouth

19. (a) Date received local registrar 9/4/41 (b) Registrar's signature M. M. Crown

20. DATE OF DEATH: Month July Day 2nd Year 1941 Hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 15, 1941, to July 2nd, 1941, that I last saw her alive on July 1st, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Other conditions _____

Major findings: Of operations 93d
Of autopsy no

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? _____
(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 Dr. S. D. Ramey (M. D. or other) 290
Address 900 Benton Blvd Date signed 8-4-41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.