

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 212

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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 Independence Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 0  
(Specify whether years, months or days)

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. 930 N. Dodgson  
(If rural, give location)

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

3. (a) PRINT FULL NAME Irene Michener

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1941 hour 1 minute 20 P. M.

5. Color or race Female Mexican

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

6. (b) Name of husband or wife Byron Russell Michener

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased: (Month) 18 (Day) 1916 (Year)

21. I hereby certify that I attended the deceased from Feb 28 1941, to Aug 8 1941; that I last saw her alive on Aug 8 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Encephalitis

Duration 10 days

9. Birthplace: El Paso (City, town, or county) Texas (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

Other conditions 6 mos pregnancy  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name Atanacio Terrazas

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy neurorlogic Encephalitis  
Potty Degeneration of Liver & Spleen

14. Maiden name Irene Garcia

15. Birthplace Mexico  
(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 \_\_\_\_\_

16. (a) Informant Byron Russell Michener

(b) Address 930 N. Dodgson

17. (a) Burial (b) Date thereof 8/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's P.C. Indep. Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director George E. Cannon

(b) Address Independence, Mo.

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

19. (a) Aug 11 - 41 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature William M.D. (M. D. or other) \_\_\_\_\_  
Address 10307 Independence Date signed 8/14/41

JAN 7 1944

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.....

*Raymond W. Martin*

Licensed Embalmer No.....

*4150*

P. O. Address.....

*Independence, 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, fact should be so stated above.