

FILLED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31681

Registration District No. 400

Primary Registration District No. 505213

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little-Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co Home for aged
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 14 months
(Specify whether years, months or days)
In this community 14 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1420 Independence Ave
(If rural, give location)
(e) If foreign-born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME ELIZABETH EWING

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Fe 3 5. Color or race negro 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 unknown 1883
(Month) (Day) (Year)

8. AGE: Years about 58 Months unknown Days unknown If less than one day hr. min.

9. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 9-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Phyllis + Green Street

(b) Address 1819 E. 15th KC Mo

19. (a) 9-24-41 (b) J. J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1941 hour 6:23 minute am

21. I hereby certify that I attended the deceased from Sept 1
1941 to Sept 15 1941;
that I last saw her alive on Sept 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Artery, Vitals
insufficiency

Due to

Due to

Other conditions 928
(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 0

23. Signature L. W. Booker (M. D. or other)

Address 2028 21st Date signed 9/15/41

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

MOTHER FATHER

Handwritten notes at top left, including "1946" and "1947".

Handwritten notes at top right, including "was done" and "alteration".

Handwritten numbers "21" and "149".

EMERALD HEALTH CENTER

Handwritten text: "Lambert N. ..."

Handwritten number "838".

Handwritten signature "Lambert N. ..."

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

Handwritten signature of Elmer ...

Licensed Embalmer No.

Handwritten number 3836

P. O. Address

Handwritten address: 1846 15th St N

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.