

FILED JUN 19 1942
Registration District No. 398

Primary Registration District No. 3019

State File No. _____
Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.
(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 8 days (Specify whether)

In this community 33 years
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. 1219 W. Walnut St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mamie Belle Bronson

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

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William G. Bronson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 10 11 hr. min.

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

10. Usual occupation Housework At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James F. Guinn

{ 13. Birthplace Gowar, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary S. Guinn

{ 15. Birthplace Rosendale, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Guinn W. Bronson

(b) Address Independence, MO.

17. (a) Burial (b) Date thereof May, 22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo.

19. (a) May 22, 1942 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour 8:35 minute _____ a.m.

21. I hereby certify that I attended the deceased from April 29
1942 to May 20, 1942
that I last saw her alive on May 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage
Sept

Due to arterial hypertension
arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

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? _____

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

23. Signature Thos. Green (M. D. or other) _____
Address Independence, Mo. Date signed May 22, 1942

JUN 23 1962

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.....

Alvin J. Gato

Registered Apprentice No. *321*

working under my personal supervision.

Signed.....

Galinda P. Gato

Licensed Embalmer No. *3604*

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.