

S. No. 2
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40959

FILED JAN 13 1943

State File No. _____

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 18 hrs. (Specify whether years, months or days)

In this community _____ (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. 2212 Same
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME Marjorie Parton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 26, 1911
(Month) (Day) (Year)

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

31 7 14 hr. _____ min.

9. Birthplace: Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Sam Hacker

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

14. Maiden name Minnie Kelly

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

16. (a) Informant Roy Hacker

(b) Address Salatun 7200

17. (a) Burial, cremation, or removal Burial (b) Date thereof Dec 17-42
(Month) (Day) (Year)

(c) Place: burial or cremation Salatun 7200

18. (a) Signature of funeral director None

(b) Address Salatun 7200

19. (a) Dec 16, 1942 (Date received local registrar) (b) F. M. Schick (Registrar's Signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12 year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from December 10 1942, to December 12 1942, that I last saw her alive on December 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphatic Leukemia Duration 4 mo

Due to Unknown

Other conditions 1/4
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 F. B. Valley (M.D. or other) M.D.

Address Independence Mo. Date signed 12-14-42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John S. Morton

Licensed Embalmer No. 3197

P. O. Address Mo Kansas City

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.