

FILED MAR 15 1943

Registration District No. _____

Primary Registration District No. 4097

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 83 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRENT FULL NAME Maggie Ann Filer

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

4. Sex Fe 5. Color or race wh. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 30 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ashabel Smith
18. Birthplace Albany New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ward
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Filer

(b) Address Harrisonville

17. (a) burial (b) Date thereof Mar 1 - 43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burford Cemetery

18. (a) Signature of funeral director Thomas B. B...
(b) Address Harrisonville Mo

19. March 11, 1943 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from February 27th, 1943, to Feb. 26th, 1943 that I last saw her alive on 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 48 hrs.
Due to Bronchial Pneumonia 5 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d
Of autopsy _____

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 Dr. C. E. Emerett (M. D. or other) Do
Address Harrisonville, Mo Date signed 3/1/43

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

19
10

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

Floyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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, above space should be left blank.