

No. 2
4-2-43
5-17-39

734914

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1943 146

Primary Registration District No. 3026

Registrar's No. 234

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 2 day (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. 308 East Short (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME CORENTHIA M. GERVY

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 12 - 1943
(Month) (Day) (Year)

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

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

10. Usual occupation child

11. Industry or business

12. Name of father Laura Mae, E. Gervy
13. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margorie Jewey
(b) Address 308 E. Short

17. (a) Rural (b) Date thereof 9/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys, Ind. Mo.

18. (a) Signature of funeral director George C. Edison
(b) Address Independence Mo.

19. (a) 9-16-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1943 hour _____ minute _____
21. I hereby certify that I attended the deceased from Sept 13, 1943 to Sept 14, 1943
that I last saw her alive on Sept 13 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic disease of the newborn

Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: None done
Of operations _____
Of autopsy none done

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) (Manner of injury)

23. Signature James W. Ross (M. D. or other) MD
Address Independence Mo Date signed 9-15-43

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1165

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.....

Licensed Embalmer No.....

P. O. Address.....

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.