

FILED DEC 3 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Ran City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3215 Campbell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Ran City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3215 Campbell**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME

Jennie Stratton

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **fe** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Jan 5th 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **19** If less than one day
hr. min.

9. Birthplace **neb**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **same**

12. Name **Ledy P. Helan**

13. Birthplace **Idaho**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Walter**

15. Birthplace **ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J. Dwyer**

(b) Address **46350 Sweet**

17. (a) **Burial** (b) Date thereof **11/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee Park**

18. (a) Signature of funeral director **Brown - Mayberry**

(b) Address **den at Olive**

19. (a) **11-25-43** (b) **P. C. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **nov** day **24**
year **1943** hour **11** minute **a** M.

21. I hereby certify that I attended the deceased from **June 11**
1943 to **Nov 24** **1943**

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **hypertension**
Heart Vascular Heart

Due to **✓ Similarity**

Due to **✓**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **✓**

Of autopsy **✓**

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 **Mary Lower** (M. D. or other) **0**

Address **4116 Walnut St** Date signed **11-25-43**

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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.....

Roy E Snow

Licensed Embalmer No. *2560*

P. O. Address.....

12 C 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.