

FILED FEB 23 1944

Registration District No. _____

Primary Registration District No. 5572

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jacks Prairie (Rural)
(c) Name of hospital or institution: Home S. E. of Lees Summit
(d) Length of stay: In hospital or institution no
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson
(c) City or town Lees Summit (Rural)
(d) Street No. S. E. of Lees Summit
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Malinda Edyboth Edyboth

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. C. Edyboth 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 6 - 1867

8. AGE: Years 76 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Dallas Co. Missouri

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Alfred Hatfield
13. Birthplace Missouri
14. Maiden name Elizabeth Boyd
15. Birthplace Missouri

16. (a) Informant M. C. Edyboth

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 1/5/44

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director D. A. Hoffinger

(b) Address Pleasant Hill Mo

19. (a) Jan 4, 1944 (b) F. M. Delich

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1944 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-14 - 1943 to 1-4 - 1944
that I last saw her alive on 1-3 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Influenza

Due to _____

Other conditions Hypertension
Cardiac Insufficiency

Major findings: Of operations _____
Of autopsy 330

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? _____

(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 2

23. Signature P. R. Jenkins (M. D. or other) DO
Address Lees Summit Date signed 1-4-44

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

48
0
0

MOTHER FATHER

1162

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..... *D. J. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill, Pa.*

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.