. S. No. 2
M—3-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18235

FILED JUN 13 1946

Registration District No. 1946 Primary Registration District No. 5568 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3½ mi - S.E. Blue Twp - 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. 3½ m. South East. 48 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Virgina C. Hall

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F M 1

5. Color or race W

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov (Month) 17 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Blue Springs (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business House wife

FATHER
12. Name Marshal Foley
13. Birthplace (City, town, or county) Va 1 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Cooper
15. Birthplace (City, town, or county) Va 1 (State or foreign country)

16. (a) Informant Mrs John Lawson

(b) Address Blue Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Stanley Cemetery - Blue Spgs Mo

18. (a) Signature of funeral director Mrs G B Webb Son

(b) Address Blue Springs Mo

19. (a) 5/31/44 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1944 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from May 1st, 1944, to May 27, 1944 that I last saw her alive on May 27th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoras — Duration 5 Mins

Due to Hypertrophic Arthritis — 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 94 b

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T M Agee (M. D. or other) D.O.

Address Independence Mo Date signed 5-29-44

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(Licensed Embalmer's Statement on Reverse Side)

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 R B Wilt

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.