

FILED JUN 23 1944

Primary Registration District No. **5572**

Registrar's No. **68**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Prairie Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 days
(Specify whether years, months or days)
 In this community 8 years 0

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 1008 So. Weeks
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mivicy Faudree
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month May day 30th
 year 1944 hour 10 minute 10 P.M.
 21. I hereby certify that I attended the deceased from April 20th 1944 to May 30 1944
 that I last saw her alive on May 30 1944
 and that death occurred on the date and hour stated above.

4. Female 5. Color or race wh.
 6. (a) Single, widowed, married, divorced w.
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 5th 1867
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis Duration _____
 Due to Cause unknown

8. AGE: Years 75 Months 6 Days 25
 If less than one day hr. _____ min. _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) 93a

9. Birthplace Keystoville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed widow

11. Industry or business _____

MOTHER FATHER 12. Name Alfred Chubb

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

14. Maiden name Sallie Bunch

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

16. (a) Informant Mrs Alice Pounds

(b) Address Indep. Mo

17. (a) Burial (b) Date thereof 6/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Robert P. Spinks

(b) Address Indep. Mo

19. (a) June 2, 1944 (b) F. M. Schieb, Jr. E. M. S.
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____
(Specify type of place) (M. D. or other)
 23. Signature F. W. Tuttle (M. D. or other) MD
 Address Blue Springs Mo Date signed 6/2/44

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

8000

1112

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.....

Roland R. [Signature]

Licensed Embalmer No. *3604*

P. O. Address *Indy, 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.