

FILED JUL 20 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Home for aged
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 12 yr. 9 mo.
(Specify whether years, months or days)

In this community 12 yr 9 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Buckner 48
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Fred Page

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased May 1 1882
(Month) (Day) (Year)

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

62 1 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Russell Jackson County Home

(b) Address Rt. Independence

17. (a) Burial (b) Date thereof 6-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo.

18. (a) Signature of funeral director N. B. Lange

(b) Address Leo's Summit

19. (a) June 7, 1944 (b) J. M. Schuller
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1944 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to June 4 1944
that I last saw him alive on June 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb

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 injury)

While at work? _____ (e) Means of injury _____

23. Signature J. V. Greene (M. D. or other) _____
Address Independence Date signed 4/5/44

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

0000

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. 3833

P. O. Address Leis Summit St

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.