

FILED SEP 14 1944

Registration District No. **176**

Primary Registration District No. **3026**

Registrar's No. **223**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1125 So. Dodgson**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 1/2 years** (Specify whether years, months or days)
 In this community **2 1/2 years**

3. (a) PRINT FULL NAME **Ella Blair Truesdell**
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **-**

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **-**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased: **Dec 29 - 1854**
 (Month) (Day) (Year)

8. AGE: Years **84** Months **7** Days **24**
 If less than one day hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **-**

12. Name **Joshiah Blair**

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

14. Maiden name **Emmaline Silverthorn**

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

16. (a) Informant **Mrs. R. D. Frank**

(b) Address **1125 So. Dodgson Independence**

17. (a) ~~REMOVED~~ (Burial, cremation, or removal) Date thereof **8-23-44**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Lyons, Kansas**

18. (a) Signature of funeral director **W. + Mitchell**

(b) Address **310 N. Main St. Indep. Mo.**

19. (a) **8-22-44** (Date received local registrar)
 (b) **James Ross** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1125 So. Dodgson**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug**, day **27**, year **1944** hour **1** minute **14 A.M.**

21. I hereby certify that I attended the deceased from **Aug 1**, 19**44** to **Aug 27**, 19**44**
 that I last saw her alive on **Aug 21**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris**
Coronary sclerosis
General atherosclerosis
 Due to **Coronary sclerosis**
 Due to **General atherosclerosis**
 Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **-**
 Of autopsy **-**
 PHYSICIAN **J. H. A.**
 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) (e) Means of injury **-**
 23. Signature **J. H. A.** (Dr. or other) Date signed **8/27/44**
 Address **Independence, Mo.**

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

48
4
4

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.