

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 13 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 241

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: Independence Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

In this community 4 hrs. 8 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence Blue Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. 8835 Miller Road  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Donna Sue Still

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1944 hour 2 minute 30 M.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife L

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

7. Birth date of deceased: (Month) 1 (Day) - (Year) 1944

21. I hereby certify that I attended the deceased from Sept 29 1944 to Oct 1 1944  
that I last saw him alive on Oct 1 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>8</u>		hr. min.

Immediate cause of death: Pneumonia Bronchial

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

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 107

10. Usual occupation L

11. Industry or business L

12. Name Horner Still

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

14. Maiden name Thelma Johnson

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

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elvira Still

(b) Address 8835 Miller Road

17. (a) Removed to Miller (b) Date thereof 10-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pahnsboro

18. (a) Signature of funeral director Morris Leman

(b) Address Miller St.

19. (a) 10-2-1944 (b) James Rose  
(Date received local registrar) (Registrar's signature)

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) (Specify type of place) (Specify type of place) .....

23. Signature George Lett (M. D. or other) 0

Address 11037 Miller Rd. Independence Date signed 10-1-44

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

844

OCT 8 1958

**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..... *G. R. Leiman* .....

Licensed Embalmer No. *3297*.....

P. O. Address..... *Miller 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.**