

FILED AUG 28 1945

Registration District No. .... Primary Registration District No. 4097 Registrar's No. 111

1. PLACE OF DEATH: Cass

(a) County Harrisonville Mo

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

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Harrisonville 1  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETHEL A.M. BASTON

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 Married

6. (b) Name of husband or wife Ben Baston 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 9 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>3</u>	hr. min.

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

10. Usual occupation Home-maker

11. Industry or business \_\_\_\_\_

12. Name J. T. Honley

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

14. Maiden name Ida Ella Triplett

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

16. (a) Informant Ida G. Smith Baston

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof Aug 14 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Aug. 13, 1945 (b) Margaret Valle  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 1945 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from Dec. 28 1944, to Aug. 12 1945; that I last saw her alive on July 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to arterial hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92%

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(c) 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 0

23. Signature J. S. Triplett, M.D. (M. D. or other) \_\_\_\_\_  
Address Harrisonville, Mo. Date signed 8/13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

104-7

SEP 20 1975

**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 Ernest R. Runnenbeger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.**