

FILED AUG 20 1945
150

Registration District No. _____

Primary Registration District No. **5572**

Registrar's No. **95**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
Jackson County Home for Aged 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 wks. 24 days**
(Specify whether years, months or days)

In this community **3 yr 1 mo**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Atterton**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **MELISSA JANE HERRON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Herron**

6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **December 30 1855**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	6	21	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) **Ohio** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Unknown**

MOTHER FATHER

12. Name _____

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 **Records, Jackson County Home**

(b) Address **Rt 4, Independence, Mo.**

17. (a) **Burial** (b) Date thereof **7-16-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph Hill - 15 E. Independence, Mo.**

18. (a) Signature of funeral director **L. B. Gammert**

(b) Address **200 S. 13th St. Independence, Mo.**

19. (a) **July 14, 45** (b) **T. M. Schuler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1945** hour **10:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **6-20** 19**42** to **7-14** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **162K**

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) (e) Means of injury _____

23. Signature **J. W. Greene** (M.D. or other) _____
Address **Independence, Mo.** Date signed **7/15/45**

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

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.

Signature _____

Licensed Embalmer No. _____

P. O. Address _____

*not embalmed
could not get permission from
family - invalid to state*

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.