

No. 2
12-45
17-39
X47070

FILED SEP 11 1946
Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: State Hospital # 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 8 mo 11 days
In this community 5 yrs 8 mo 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 840 Lake Drive
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZA EMMA GREY

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 Wid

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>9</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Hospital record

(b) Address Nevada mo.

17. (a) Removal (b) Date thereof 8-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo

18. (a) Signature of funeral director Elizabeth Ann

(b) Address Nevada mo.

19. (a) 9-3-46 (b) Wathyn Yancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1946 hour 11 minute 50 a.m.

21. I hereby certify that I attended the deceased from Oct 1 1946 to Aug 30 1946
that I last saw her alive on Aug 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration ✓

Due to

Due to

Other conditions Dilated heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy 940

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?

(e) Means of injury While at work

23. Signature R. S. Hall (M. D.)
Address Nevada mo Date 8/30/46

RECEIVED

Di... Case No. 7
Date Filed 8-16-46
9-10-46

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: *Mark Eichinger*
Licensed Embalmer No. *2656*
P. O. Address: *Nevada, 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.