

FILED NOV 19 1946

Registration District No. 286

Primary Registration District No. 5-5-68

1. PLACE OF DEATH:
 Jackson

(a) County Jackson

(b) City or town Buckner, Mo. R.F.D.#1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Buckner, Mo., #1 (Rural) Blue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson 48

(a) State Missouri (b) County Jackson #1

(c) City or town Buckner, Missouri #1
(If outside city or town limits, write "RURAL")

(d) Street No. Buckner, Mo. Route #1
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. ELLA LIMING

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 February 2nd 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 2 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Dan Miller

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. S. Alderson

(b) Address Buckner, Mo #1

17. (a) burial (b) Date thereof Oct. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Missouri

18. (a) Signature of funeral director Geo. C. Carson
Independence, Missouri

(b) Address _____

19. (a) 10-14-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
 year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1946
 to Oct. 4, 1946
 that I last saw her alive on Oct. 4, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneuonia Duration 2 days

Due to Hypertension

Due to Myocardial Regeneration

Other conditions: _____
(Include pregnancy within 8 months of death)

Major findings:
 Of operations 93P

Of autopsy _____

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) (c) Means of injury _____

23. Signature L. W. Higgins (M.D. or other) D.O.
 Address Buckner, Mo Date signed 10/14/46

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.

Signed Raymond N Martin

Licensed Embalmer No. 4150

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.