

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40932**
Registrar's No. **185**

Registration District No. **150**

Primary Registration District No. **5572**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Rural (Prairie)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Emergency
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 months**
(Specify whether years, months or days)
 In this community **22 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **315 E. Lexington**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **USA**

3. (a) PRINT FULL NAME **MARY BAKER TRYON**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **16th**
 year **1946** hour **None** minute **None** M.
21. I hereby certify that I attended the deceased from **9 Dec**
1946 to **16 Dec** **1946**
 that I last saw him alive on **16 Dec** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Benjamin Tryon**
 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **August 24th 1871**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
 Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **83A**
 Of autopsy

8. AGE: Years **75** Months **3** Days **22**
 If less than one day **---** hr. **---** min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **unknown Sherman**

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

14. Maiden name **Mary Eifert**

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

16. (a) Informant **Benjamin Tryon**

(b) Address **315 East Lexington**

17. (a) burial (b) Date thereof **12-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove Cemetery**

(a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Missouri**

19. (a) 12-19-46 (b) **Donald C. Easulow**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work? (e) Means of injury **10**

23. Signature **P. Saunders** (M. D. or other) **md**
Indep Mo Date signed **12-17-46**

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

3385

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.....

John Pasley

Licensed Embalmer No.

4308

P. O. Address.....

Independence, 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.