

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie Sup.  
(c) Name of hospital or institution: Jackson County Home, aged 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 mch - 22 da  
In this community 18 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kennett Mo  
(If outside city or town limits, write "RURAL")  
(d) Street, No. 1010 East 12th  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME

ESSIE W. WAID

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 10-15-1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 3 18 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name Wanda  
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 Jackson County Home Records  
(b) Address J.B.F.D. #4 - Indep. Mo

17. (a) Burial (b) Date thereof 2-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo Cem

18. (a) Signature of funeral director N.B. Langford

(b) Address Leis Summit Mo

19. (a) FEB. 8, 1947 (b) Donald C. Emschauer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3  
year 1947 hour 11 minute 40 AM

21. I hereby certify that I attended the deceased from Feb 3 1947 to Feb 3 1947  
that I last saw him alive on Feb 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A  
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:

(g) 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 8

23. Signature J.W. Green (M. D. or other)  
Address Independence Mo Date signed 2/13/47

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

8/2

370

J. C. White

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**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..... *N. B. Langford* .....

Licensed Embalmer No..... 3833 .....

P. O. Address..... Lee's Summit 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.**