

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

FILED APR 30 1947

Registration District No. 176 Primary Registration District No. 3026

Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME THOMAS G. MCDEARMON

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 496 015489

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Rose Ella McDearmon

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 31, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	7	13	hr. 1 min.
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9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business Sheffield Steel Corp.

MOTHER FATHER

12. Name Thos. A. McDearmon

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

14. Maiden name Pearl Duncan

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

16. (a) Informant Mrs. Rose Ella McDearmon

(b) Address 718 N. Willis, Independence, Mo.

17. (a) Burial (b) Date thereof 4/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 4-16-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 718 N. Willis
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1947 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from May 6, 1946, to Apr 14, 1947,
that I last saw him alive on Apr 14, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 8 days

Due to hypertension & arteriosclerosis 1 1/2 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Peroneal bronchio pneumonia

Major findings:
Of operations _____

Of autopsy [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? no

23. Signature [Signature] (M. D. or other) MD
Address Independence Mo. Date signed 4-15-47

JUL 18 1947

MAY 1 1947

MS NOV 16 1959

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.....

Charles F. Tyler....., Registered Apprentice No. *411*
working under my personal supervision.

Signed..... *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

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.