

FILED MAY 14 1947

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Home for Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 11 mos 26 ds
(Specify whether years, months or days)

In this community 43 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAY HERMAN

3. (b) If veteran, name war WW

3. (c) Social Security No. SW

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased 12-27-1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown
(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 Jackson County Home Record

(b) Address Independ Mo. R.R. #4

17. (a) Burial (b) Date thereof 4-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem. KC Mo

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

(b) Address Free Summit Mo

19. (a) 4-29-47 (b) Donald C. Smothers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1947 hour 12:45 minute AM

21. I hereby certify that I attended the deceased from 4-27-47
19 47 to 4-28- 19 47

that I last saw her alive on 4-28 19 47
and that death occurred on the date and hour stated above

Immediate cause of death Diabetes mellitus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy U

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 special place) (e) Means of injury

Frank E. Johnson
(Signature) (Address) (City or town) (County) (State)

Address Independence Date signed 4/28/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

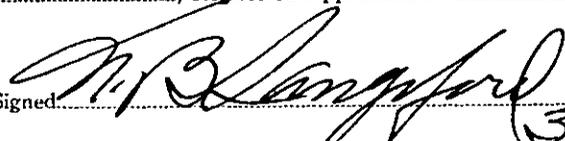
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

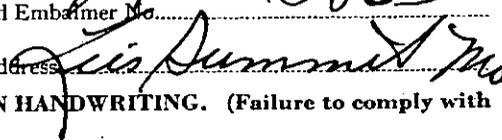
Signed.....



Licensed Embalmer No.....

3833

P. O. Address.....



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.