

FILED MAY 14 1947

State File No. _____

Registration District No. 158

Primary Registration District No. 4242

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lone Jack
(c) Name of hospital or institution: Van Buren Twp - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 yrs
In this community 70 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Lone Jack
(If outside of city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda E Paslay

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

4. Sex Fm 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Nov 15 - 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Telephone Oper

11. Industry or business _____

12. Name Wm Paslay

13. Birthplace Copper Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gilmer

15. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lney Wright

(b) Address Lone Jack Mo

17. (a) Burial (b) Date thereof 5-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs G. B. Webb - Son

(b) Address Oak Grove Mo

19. (a) May 10 1947 (b) Donald C Emshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1947 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from August 31, 1946 to May 7, 1947
that I last saw her alive on May 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Cardio-Vascular-Renal disease 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
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? 0

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature Clint Miller (M. D. or other) MD

Address Lee Summit Mo Date signed 5-9-47

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

MOTHER FATHER

AUG 13 1947

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.....

Francis L. Schaberg

Registered Apprentice No. *464*

working under my personal supervision.

Signed *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.