

No. 2
-12-45
5-17-39
I X47070

FILED JUL 1 1947

Registration District No. 59

Primary Registration District No. 5224

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:
12 miles S.W. of Harrisonville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home
(Specify whether)

In this community 63 years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 12 miles S.W. of Harrisonville.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary B. Mills

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 5 minute 18 P.M.

4. Sex Fe 5. Color or race Wh.

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

6. (b) Name of husband or wife Deceased 1916.

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

7. Birth date of deceased: 6-9-1866.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19June 25, 1947
that I last saw ~~her~~ him alive on June 24, 1947
and that death occurred on the date and hour stated above.

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

81 0 16 hr. min.

Immediate cause of death Cerebral
apoplexy
Subarachnoid

Due to _____

Due to _____

9. Birthplace Boise, Idaho.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife (farm)

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

Major findings: Of operations angi

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John H. White

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

14. Maiden name Susan Spangler
(City, town, or county) (State or foreign country)

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

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 type of place)

(e) Manner of injury _____

16. (a) Informant Miss Hattie Mills

(b) Address Archie, Mo.

17. (a) Burial (burial, cremation, or repository) (b) Date thereof 6/27/47
(Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Amerson Bros.

(b) Address Harrisonville Mo.

19. (a) June 27, 47 (Date received local registrar)

(b) Anna J. Jones (Registrar's Signature) 51

23. Signature E M Longfellow (M. D. or other) _____

Address Harrisonville Date signed 6/27/47

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

2007/10

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Floyd C. Harrison*.....

Licensed Embalmer No. *3920*.....

P. O. Address *Harrisonville*.....

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.