

FILED JUL 10 1947

Registration District No. 206

Primary Registration District No. 5568

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jackson Rural
(b) City or town Independence (Blue)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homes 149 N. Ditzler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 149 N. Ditzler
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS. THELMA SEARS

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-14-4431

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from Jan 12,
1946 19..... to June 26, 19.....
that I last saw her alive on June 26, 19.....
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ray M. Sears 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 29, 1907
(Month) (Day) (Year)

Immediate cause of death Respiratory paralysis

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>1</u>	<u>27</u>hr.min.

Due to Brain lesion (tumor) 4 yrs.

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

10. Usual occupation housewife

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

11. Industry or business.....

12. Name John Hale

13. Birthplace Oak Grove, Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harriman

15. Birthplace Eureka Springs, Ark.
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy None

16. (a) Informant Ray M. Sears

(b) Address Independence, Mo.

17. (a) burial (b) Date thereof 6/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

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

(b) Address Independence, Mo. Home

19. (a) 6-30-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature H. E. Hazel M.D. (M. D. or other) 0

Address 735 Rialto Bldg. Date signed 6/28/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

Harlan E. Meyer

Registered Apprentice No. *506*

working under my personal supervision.

Signed.....

John Pasley

Licensed Embalmer No. *4308*

P. O. Address *Independence*

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.