S. No. 2
DM—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 24470

Registrar's No. 219

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: 126 E. Ruby
(If not in hospital or institution, write street number or location)

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

In this community: 79 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Independence Mo. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 126 E. Ruby St 4
(If rural, give location) 0

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

If yes, name country: X

3. (a) PRINT FULL NAME: Ethel Southern

3. (b) If veteran, name war: X

3. (c) Social Security No. X

4. Sex: Fe

5. Color or race: White

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

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: July 19 (Month) 1868 (Day) (Year)

8. AGE: Years 78 Months 11 Days 18 If less than one day hr. min.

9. Birthplace: Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Artist

11. Industry or business: X

FATHER
12. Name: John N. Southern
13. Birthplace: Tazwell, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Allen
15. Birthplace: Morristown, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Allen C. Southern
(b) Address: 1207 So. Main Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem.

18. (a) Signature of funeral director: Otto Mitchell
(b) Address: Independence Mo.

19. (a) 7-9-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 5-119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1947 hour 12:02 minute A M.

21. I hereby certify that I attended the deceased from Sept, 1940, to July 7, 1947 that I last saw her alive on July 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Carcinosis of abdomen	6 mo
Due to: Carcinoma of left breast	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 50
Of autopsy: 0

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: J. C. Hickerson (M. D. or other)
Address: Independence Mo. Date signed: July 8, 47

(Licensed Embalmer's Statement on Reverse Side)

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

Robert Allen Griffith, Registered Apprentice No. 451,

working under my personal supervision.

Signed

Licensed Embalmer No. 3156

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.