

FILED AUG 25 1947

Registration District No.

Primary Registration District No. 1000

Registrar's No. 961

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

1. PLACE OF DEATH: **Buchanan**

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Saxton Home - 2421 Francis**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo. 4**
(Specify whether years, months or days)

In this community **1 mo.**
years, months or days

3. (a) PRINT FULL NAME **MARY JANE SYMPSON**

3. (b) If veteran, name war **C**

3. (c) Social Security No. **—**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Joseph W.** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased: **7 22 1867**
(Month) (Day) (Year)

8. AGE: **80 0 19**
Years Months Days If less than one day hr. min.

9. Birthplace **ADAMS Co. Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **JAMES DANIEL GUNN**

13. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **MATILDA PEER**

15. Birthplace **ADAMS Co. Ill. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **RANSOM SYMPSON**

(b) Address **EDGERTON, Mo.**

17. (a) **BURIAL** (b) Date thereof **8-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ZION CEM. Platte Co., Mo.**

18. (a) Signature of funeral director **Rollins - Nash**

(b) Address **Edgerton Mo.**

19. (a) **8-11-47** (b) **W. L. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **PLATTE 83**

(c) City or town **EDGERTON**
(If outside 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** Iith day **11**

year **1947** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **Aug 11th 47** to **—**, 19**—** to **—**, 19**—**;

that I last saw him **—** alive on **—**, 19**—**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration

Due to **—**

Due to **—**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **92B**

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? **3**

(Specify type of place)

While at work? **—** (Specify type of place)

(e) Means of injury **Coroner**

23. Signature **W. L. Jenkins** (M. D. or other) **3**

Address **KING HILL BLDG** Date signed **8/11/47**

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 Vivian R. Fack

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.