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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31562

Registration District No. 150 Primary Registration District No. 0572 Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural prairie Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 M - 7 D (Specify whether
In this community 31 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas city Mo - 3 (If outside city or town limits, write "RURAL")
(d) Street No. 3001 Jasw 8 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY GUSTAVUS Ochel Tree
3. (b) If veteran, name war — 2 —
3. (c) Social Security No. — 3 —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 12 - (Month) 10 - (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	4	hr. 1 min.

9. Birthplace Iowa (City, town, or county) — (State or foreign country)
10. Usual occupation Unknown
11. Industry or business
FATHER 12. Name 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Jackson Co. Home; Records
(b) Address R R #4 Indep. Mo.
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation K C College of Dentist
18. (a) Signature of funeral director N B Langford
(b) Address Lee's Summit Mo
19. (a) 9-16-47 (Date received local registrar) (b) Donald C. Eavinstone (Registrar's signature) 2nd

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1947 hour 8:45 minute 9 M.
21. I hereby certify that I attended the deceased from 9/12, 1947 to 9-14, 1947 that I last saw him alive on 9-13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94th

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 W Greene (M. D. or other)
Address Independence Mo Date signed 9/15/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. N. B. Langford

Licensed Embalmer No. 3837

P. O. Address Lees Summit

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.