

FILED APR 19 1948

Registration District No. 46Primary Registration District No. 3026Registrar's No. 284

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.....
 (If not in hospital or institution, write street number or location)
1220 West Ruby
 (d) Length of stay: In hospital or institution.....
 (Specify whether)

In this community..... 50 yrs.
 years, months or days

3. (a) PRINT FULL NAME Mary Ann Stockdale
 3. (b) If veteran, name war.....
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased..... Dec. 17, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 8 hr. min.

9. Birthplace..... Hagley, Thringham, England
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Housewife

11. Industry or business.....
 12. Name..... Samuel Wright
 13. Birthplace..... Lincolnshire, England
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Susan Smith
 15. Birthplace..... Lincolnshire, England
 (City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Stockdale
 (b) Address 1220 West Ruby, Indep. Mo.
 17. (a) Burial (b) Date thereat..... 9-29-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Woodlawn

18. (a) Signature of funeral director..... Geo. Carson
 (b) Address..... Independence, Mo.
 19. (a) 9-27-47 (b) Jessie S. Craig
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo. (b) County..... Jackson
 (c) City or town..... Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1220 West Ruby
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept day..... 25
 year..... 1947 hour..... 8 minutes..... 25 P.M.

21. I hereby certify that I attended the deceased from.....
1939....., 19....., to....., 19.....
 that I last saw her alive on..... Sept 24....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... auricular fibrillation Duration 1 yr.

Due to..... Coronary Sclerosis..... 5 yrs

Due to..... general arteriosclerosis..... 5 yrs

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

Major findings:
 Of operations..... AHA
 Of autopsy.....

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)

23. Signature..... Fred W. Hunk (M. D. or other)
 Address..... Fairmount Station Date signed..... 9-26-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

APR 22 1948

APR 19 1948

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 Floyd Carson
Licensed Embalmer No. 4199
P. O. Address W. P. No

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.