S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1456

FILED FEB 10 1948

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2½ mi. So. E. Indep. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 2½ mi. So. E. Indep (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dora Ann Luther

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife Alexander B Luther

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

7. Birth date of deceased June (Month) 28 (Day) 1861 (Year)

8. AGE: Years 86 Months 6 Days 22 If less than one day — hr. — min.

9. Birthplace Lone Jack, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business House Wife

FATHER
12. Name William Davis
13. Birthplace Lone Jack, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Winfrey
15. Birthplace Lone Jack, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Alexander Luther

(b) Address Kiser & Hayward Rds. Indep

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 No. Main Independence

19. (a) 1-22-48 (Date received local registrar) (b) James [illegible] (Registrar's signature) 3.5.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Elsewhere 24 1948 to January 20 1948 that I last saw her alive on January 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to: Hypertension	4 year
Due to: Arteriosclerosis	4 years
Other conditions (Include pregnancy within 3 months of death) 23 P	

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No accident

(b) Date of occurrence No accident

(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 C. H. Allen (M. D. or other)

Address First Natl Bank Independence, Mo Date signed 1/20/48

Jefferson City Printing Co. (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 R Han Griffith, Registered Apprentice No. 451, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3156

P. O. Address Sedalia, 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.