

S. No. 2
-12-45
5-17-39
I X47070

FILED MAR 9 1948
Registration District No. **750**

Primary Registration District No. **4239**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Lee's Summit**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3rd, & Douglas Streets
(If not in hospital or institution, write street number or location)

(d) Length of stay: **12** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Lee's Summit**
(If outside city or town limits, write "RURAL")

(d) Street No. **510 North main Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Orin T. Best**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mary Best**

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

7. Birth date of deceased **July 3 1902**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	7	18	hr. min.

9. Birthplace **Kearney Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cafe Owner**

11. Industry or business **III III**

12. Name **Garrett D. Best**

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

14. Maiden name **Stella Hayes**

15. Birthplace ******* Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Stella Elkins**

(b) Address **Lee's Summit Mo.**

17. (a) **Burial** (b) Date thereof **2/24/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lee's Summit Mo.**

18. (a) Signature of funeral director **N.B. Langsford**

(b) Address **Lee's Summit Mo.**

19. (a) **2-23-48** (b) **Donald C. Eastman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1948** hour **9** minute **20** p.M.

21. I hereby certify that I attended the deceased from **Dec. 1946** to **Feb 21 1948**
that I last saw him alive on **Feb 20 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to _____

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

Major findings: **94A**

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Donald C. Eastman** (M. D. or other) **M.D.**

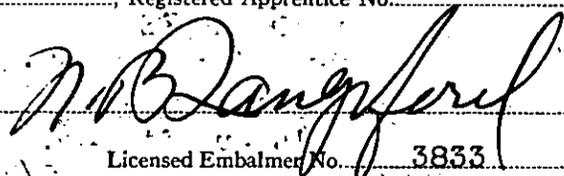
Address **Lee's Summit Mo.** Date signed **2-23-48**

1975
A.M.M.

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 

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.