

No. 2
2-45
7-39
K47070

FILED APR 23 1948

Registration District No. 152

Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Emerg. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days) 94 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lone Jack
(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 _____

3. (a) PRINT FULL NAME LESTER, MARY JANE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct - 18 - 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>5</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Washington Gibson

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

14. Maiden name Elizabeth Robertson

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

16. (a) Informant Mrs. Catherine Whiting

(b) Address Lee's Summit, Mo.

17. (a) Burial (b) Date thereof 3/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack, Mo.

18. (a) Signature of funeral director Donald C. Casper

(b) Address Lee's Summit, Mo.

19. (a) 3-29-48 (b) Donald C. Casper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar 17 - 1948, to Mar 25 1948 that I last saw her alive on 3-24-48 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal disease

Due to Fracture left hip

Due to Senility

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

Major findings: Of operations _____

Of autopsy _____

Duration yrs.

ADDITIONAL PHYSICIAN SUPPLEMENTAL INFORMATION REQUEST

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 17 Mar 48

(c) Where did injury occur? Lone Jack, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? Home
(Specify type of place) (e) Means of injury _____

While at work? _____

Address Rt 4 Independence Date signed 3-26-48

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.....

M.B. Langford

Licensed Embalmer No. *3833*

P. O. Address *Jess'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.