

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

FILED MAY 1 1948

Registration District No. 16

Primary Registration District No. 5572

Registrar's No. 85

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 Co. Emergency Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether)
 In this community 33 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Oak Grove
(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 Underwood, Sybil
 (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1948 hour 5:35 minute P. M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 19 years
 7. Birth date of deceased July 8 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-4-48 1948, to 4-16 1948
 that I last saw her alive on 4-16-48 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
33 9 8 hr. min.

Immediate cause of death Acute cardiac decompensation Duration 3 hrs.

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

Due to Anarition 4yo
 Due to Tuberculosis urinary bladder 4yo

10. Usual occupation house wife

Other condition Acute pyelitis 10 days
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Buford Halsey
 13. Birthplace Odesa, Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Jessie Barker
 15. Birthplace Odesa, Mo
(City, town, or county) (State or foreign country)

Major findings:
 Of operations transplantation of ureters
 Of autopsy into colon 7 years
 Underline the cause to which death should be charged statistically.

16. (a) Informant Buford Halsey
 (b) Address Oak Grove, Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) JD
 (b) Date of occurrence
 (c) Where did injury occur? JD
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 4-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation McKendrick Chapel Odesa Mo

While at work? JD (Specify type of place) (c) Means of injury
 23. Signature Frank E. Treherne
 Address Indy, Mo Date signed 4/17/48

18. (a) Signature of funeral director G. B. Webb, son
 (b) Address Blue Springs Mo
 19. (a) 4-21-48 (b) Donald G. Larnshaw
(Date received local registrar) (Registrar's signature) 274

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

MOTHER FATHER

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.....

Kenneth Royce Registered Apprentice No. *63*
working under my personal supervision.

Signed..... *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs 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.