FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948
Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23221
Primary Registration District No. 8026
Registrar's No. 216

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: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 900 So. Pearl
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAULINE GODFRED C. NETTER
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ----------
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Joseph Netter 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 4. (Day) 1873 (Year)

8. AGE: Years 75 Months 0 Days 17 If less than one day hr. min.
9. Birthplace Toledo, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Chilcott
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary McKinney
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Anthony George Netter
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 7-17-48 (Date received local registrar) (b) James L. Crai (Registrar's signature) 25 11

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th, year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to arteriosclerosis	
Other conditions mitral stenosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
92B

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)
(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)
While at work? (e) Means of injury 0
23. Signature Ex Saunders MD (M. D. or other)
Address Independence Date signed 7-17-48

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.