S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 18 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29742
Registrar's No. 3685

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 Illinois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Illinois 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Ida Mae Eubanks

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Edwin Eubanks

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 12 (Month) 19 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Higbee (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name John K. Walker
13. Birthplace ____ (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Suzan F. Holtzclaw
15. Birthplace ____ (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mr. Edwin Eubanks
(b) Address 1215 Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Higbee, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 9-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th.
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9/8, 1948 to 9/8, 1948
that I last saw her alive on 9/8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature J. L. Haight MD (M. D. or other)
Address 3401 E 12th Date signed 9/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. M. Haight -
340 - E. 12th -
Be 4822 -

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K. C., 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.