FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33224

Registration District No. 146 | Primary Registration District No. 5568 | Registrar's No. 301

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Blue Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sugar Creek Building Products Company 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: UNKNOWN (b) County: UNKNOWN 48
(c) City or town: UNKNOWN 5
(If outside city or town limits, write "RURAL")
(d) Street No.: UNKNOWN
(If rural, give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country: UNKNOWN

3. (a) PRINT FULL NAME: UNKNOWN
3. (b) If veteran, name war: UNKNOWN
3. (c) Social Security No.: Unknown

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Unknown 6
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: 1 years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: Approximately 65 | Months: to 70 | Days: years | If less than one day: hr. min.

9. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)
10. Usual occupation: UNKNOWN
11. Industry or business: UNKNOWN 9

FATHER
12. Name: 1
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: 1
15. Birthplace: UNKNOWN (City, town, or county) 1 (State or foreign country)

16. (a) Informant: 1
(b) Address: NONE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: Geo. C. Carson F. Home
(b) Address: Independence, Missouri
19. (a) 10-10-48 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: UNKNOWN BODY WAS FOUND
year: October 2, 1948 at 1:30 p.m. 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.

Immediate cause of death: Natural Causes — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner
Major findings:
Of operations: 0
Of autopsy: History

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? 7 (Specify type of place)
While at work? (Specify kind of injury)
23. Signature: A. E. Upsher (M. D. or other)
Address: 2800 Main Date signed: 10/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 This Body Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.