

FILED JUN 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. 17088
Registrar's No. 217

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0480	
c. LENGTH OF STAY (in this place) 3 Years		d. STREET ADDRESS (If rural, give location) RFD. Four 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Four, (Blue)			

3. NAME OF DECEASED (Type or Print) ORA MAY MEARS			4. DATE OF DEATH (Month) (Day) (Year) MAY 31, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct 16, 1893, 1898		
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Joplin, Missouri 0	
10b. KIND OF BUSINESS OR INDUSTRY Self Employed		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Leroy Emerick		13b. MOTHER'S MAIDEN NAME Margaret Lydia Sawyer		14. NAME OF HUSBAND OR WIFE Mr. B. F. Mears (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 555-30-5587		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Watkins, RFD. Four, Indep. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		2 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7:30, 1950, to 2:31, 1950, that I last saw the deceased alive on 2/21, 1950, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] D.O.		23b. ADDRESS 11018 Winner Rd. Ind. Mo		23c. DATE SIGNED 5/31/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6/1/50		24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. [Signature]		REGISTRAR'S SIGNATURE [Signature] 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson, Independence, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

JUN

3 RECD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No.

4592

P. O. Address

Indep. 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.