

Primary Registration District No. 3019

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. 0 116 So. Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 23 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 10 minute 30 A M

21. I hereby certify that I attended the deceased from Jan, 1939
March 21, 1940, to _____, 19____,
that I last saw him alive on March 21, 1940.

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Congestive heart failure</u>	<u>1 1/2 hr</u>

Due to Arterial Hypertension

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations *12/11/11*

Underline
the cause to

Plauton *Rock* which death
should be

Of autopsy _____ 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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Date	Place	Type of injury	Cause of injury	Result
3/17/77	While at work	(Specify type of place)	(Specify type of injury)	

John Green

28. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 5 1948

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

Signed

Colandrea

Licensed Embalmer No.

3604

P. O. Address

Independence

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, above space should be left blank.