

No. 2
17-532
X2732

Registration District No. 400

Primary Registration District No. 50033

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 7 yrs.
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. 2414 Norwood
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1940 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 10, 1940, to January 24, 1940
that I last saw her alive on January 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Pelvic Abscess
Due to Septic Abortion
Duration 1-10-40
1-7-40

Due to _____
Other conditions (Include pregnancy within 3 months of death) 14D

Major findings:
Of operations None
Of autopsy As above
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; ~~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? _____

White at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frank E. Johnson (M.D. or other) _____
Address Jackson Co. Mo. Date signed 1-29-40

3. (a) PRINT FULL NAME Ruth Dike 2 DD

3. (b) If veteran, name war _____ (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Dike 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased October 25 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Rockford Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Fred Metz

13. Birthplace Hays City Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Hester Reed

15. Birthplace Poincetan Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dike
(b) Address 2414 Norwood, Indep. Mo.

17. (a) Burial (b) Date thereof Jan. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Geo. Carson
(b) Address Independence, Mo.

19. (a) 1-29-40 (b) David G. Boone
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.