

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15078

Registration District No. 398

Primary Registration District No. 5554 3019

State File No. _____

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 Appleton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1940 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to Apr. 27 1940
that I last saw her alive on Apr. 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Coronary Arteries

Duration

Due to _____

Due to _____

Other conditions 94 lb
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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

23. Signature Phaed. Grabok (M. D. or other) _____
Address Independence, Mo Date signed 4/29/40

8. (a) PRINT FULL NAME Fender, Mrs America 53

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

4. Sex Female 5. Color or race whit 6. (e) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Abraham Fender 6. (c) Age of husband or wife if alive, dead, years _____

7. Birth date of deceased Mar 9 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Dixon Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation house work 9

11. Industry or business _____

12. Name Jackson Meyers 9

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

14. Maiden name Winkowin

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

16. (a) Informant Fred Fender

(b) Address Independence Mo

17. (a) Burial (b) Date thereof 4-29-40
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden Mo.

18. (a) Signature of funeral director Cato + Specks 360
(b) Address Independence Mo

19. (a) April 29 1940 (b) F. R. Colok
(Date received local registrar) (Registrar's signature)

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

8
5
4

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 Roland P. Speaks

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.