

Registration District No. 398 Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County Jackson
(b) City, or town Rural Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2200 Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Vermont
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME Mrs. Maggie Foote 3an

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

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

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

7. Birth date of deceased August 15, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>1</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation At home

11. Industry or business

12. Name John McCaw

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

14. Maiden name Anna Holmes

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

16. (a) Informant J. B. Foote

(b) Address 2200 Vermont

17. (a) Cremation (b) Date thereof April 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Crematory

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) April 18 '40 (b) F. L. Cook
(If no received local registrar) (Registrar's signature)

MOTHER FATHER

8

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 16, 1940
that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
(Cerebral Hemorrhage)
fractured hip
Due to Senility

Duration
2 mos.
3 mos.

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

Major findings:
Of operations
Of autopsy

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, 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?

360
While at work? (Specify type of place)
(e) Means of injury

23. Signature George M. Cook (M. D. or other)
Address 11637 W. Winner Rd Ind. Date signed 4-17-40

1948
113
419

NEW YORK
JANUARY 1948

Lo 0930

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 Clarence M. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E 710

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-085-

Registration District No. 398

Primary Registration District No. 53-54

Registrar's No. 115-

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: John T.P.
(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.
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Mrs Maggie Foote

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex: F

5. Color or race: w

6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased.....

(Month)

(Day)

(Year)

8. AGE:

Years: 77

Months: 8

Days: 1

If less than one day

by..... min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....

(b) Date thereof.....

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a).....

(Date received local registrar)

(b).....

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr day: 11
year: 1940 hour: minute: M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy (cerebral hemorrhage) fractured hip

Due to: Senility

Due to: Fracture due to a fall in her home

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

Major findings:

Of operations: Feb 1940

Of autopsy: See Book

Duration

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, or homicide (specify): Death not due to fall from
(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: Geo M. Palk (M. D. or other)

Address: Independence Mo

SUPPLEMENTARY

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

ROBERTA MOORE

and within that
in fact at
and

1918