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13-40  
17-39  
K23159

SEP 20 1940

Registration District No. \_\_\_\_\_ Primary Registration District No. 5551A Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Grain Valley, Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sanitarium  
(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 10 yrs

3. (a) PRINT FULL NAME Ida Bell Preston

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

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

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edwin S. Preston

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

7. Birth date of deceased Mar. 16 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business House wife Ret

12. Name George McCormick

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

14. Maiden name Marion Collier

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

16. (a) Informant M. Edwin Preston

(b) Address Grain Valley, Mo

17. (a) Burial (b) Date thereof 8-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington R.C.M.

18. (a) Signature of funeral director R.D. [unclear]

(b) Address Blue Springs

19. (a) Aug 26/1940 (b) Myrtle Thomas Portwood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi S.E. Grain Valley  
(If rural, give location) mo

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21<sup>st</sup>  
year 1940 hour 7:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 17, 1940, to Aug 20, 1940, that I last saw him alive on Aug 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Several Months

Due to Advance Age

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature E.E. Perry M.D. (M. D. or other) \_\_\_\_\_

Address Oak Grove Mo Date signed 8-22-40

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

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**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, fact should be so stated above.**