

STANDARD CERTIFICATE OF DEATH

35509

State File No.

Registrar's No. 269

Registration District No. 398

Primary Registration District No. 5554

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: 1223 So Cedar  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
In this community 14 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. 1223 So Cedar  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Ruth Elliott

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 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 July 7, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Jacob M. Cray

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

14. Maiden name Emily Denton

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

16. (a) Informant Mo Lang Hueser

(b) Address 1223 So Cedar

17. (a) Burial (b) Date thereof 10/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director George P. Mason

(b) Address Independence, Mo.

19. (a) Oct 30 1940 (b) A. L. Cook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1940 hour 9:15 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from May 17, 1939 to Oct 28, 1940  
that I last saw her alive on Oct 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to arterio-sclerosis

Due to Diabetes Mellitus 5A

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? 3600  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Mullins (M. D. or other) 1/20/40

Address 10307 Midway Ave Date signed 10/28/40

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

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X23159

NOV 2 1940

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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.....

*Raymond N Martin*

Licensed Embalmer No.....

*4150*

P. O. Address.....

*Indyenne Mo*

**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.**