

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **222**

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

**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: 1016 South Dodgeon  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 In this community all of her life (Specify whether years, months or days)

**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. 1016 South Dodgeon  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Effie May Searcy  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug. day 22 year 1941 hour 13 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from July 28, 1940, to Aug 22, 1941; that I last saw her alive on Aug 22, 1941; and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: 2 (Month) 21 (Day) 1875 (Year)

Immediate cause of death: Cerebral hemorrhage 2nd  
 Due to Arterio-vascular renal disease & hypertension  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 12/0

**8. AGE:** Years 66 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations no operation  
 Of autopsy no autopsy  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Mo.  
 10. Usual occupation House keeper  
 11. Industry or business at home  
**MOTHER FATHER**  
 12. Name F. M. Searcy  
 13. Birthplace Way County Mo.  
 14. Maiden name Jessamine Searcy  
 15. Birthplace Jackson County Mo.

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 E. H. Miller (M. D. or other) MD  
 Address Independence Date signed 8-23-41

16. (a) Informant Frank R. Searcy  
 (b) Address 617 W. 39th St. KC Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24-41  
 (c) Place: burial or cremation Salem Cem.  
 18. (a) Signature of funeral director W. J. Mitchell  
 (b) Address Independence 2100  
 19. (a) Aug 23-1941 (b) F. J. Cook M.D.  
 (Date received local registrar) (Registrar's signature)

**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 Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.**