

Registration District No. 156

Primary Registration District No. 5220

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Peculiar Twp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Harrisonville (Rural)
(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 MAUDE B EASLEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Harry W. Easley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 10 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Peculiar Twp. Cass Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home-maker

11. Industry or business _____

MOTHER FATHER { 12. Name John W Williams
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Letta Ferrage
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant H.P. Easley

(b) Address 4015 E. 11th K.C. Mo.

17. (a) burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Oct. 13, 1941 (b) Sevenson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from June 30, 1940, to Sept. 15, 1941;
that I last saw her alive on Sept. 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Degeneration

Due to _____

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

Major findings: Of operations 93d
Of autopsy _____

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 J. S. Triplett, M.D. (M. D. or other) _____
Address Harrisonville Mo. Date signed 10-13-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 _____

Ernest R. Runnenbryer

Licensed Embalmer No. 3368

P. O. Address *Harrisonville 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, above space should be left blank.