

JAN 14 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41603

State File No. _____

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 526 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1941 hour 10 PM minute - M.

21. I hereby certify that I attended the deceased from May 10 1941
to Dec 26 1941.
that I last saw her alive on Dec 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
6 months Duration

Due to old age

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?

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

23. Signature C. P. Bentley (M. D. or other)
Address 21290 Marengo Date signed 12/27/41

3. (a) PRINT FULL NAME Susan Virginia Pack

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 Richard W. Pack 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 31 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas Dale

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

14. Maiden name Nancy Haynes

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

16. (a) Informant Anna M. Kinnel

(b) Address 526 Benton Exp. Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 12/27/41 (b) Ma Rea McCracken
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-13-42

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

Robert Rey

Licensed Embalmer No.

4182

P. O. Address

Excelsior Spgs., 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.