

**FILED MAR 26 1943**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5572**

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

48  
00

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Jackson Co. Emergency Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days 23 hrs  
(Specify whether years, months or days)

In this community 1 1/2 yrs

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. 1221 Logan  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Ward

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 2 divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: September 13 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 6 11 hr. min.

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

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

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

MOTHER { 12. Name David Smart

13. Birthplace \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cook

15. Birthplace \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Fitzpatrick

(b) Address 1221 Logan Indep Mo

17. (a) Removal (b) Date thereof 3-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director Stanley J. ...

(b) Address Carrollton Mo

19. (a) March 2, 1943 (b) F. M. Schick  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 4 1943 to March 1 1943  
that I last saw him alive on Feb 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chromocystoma of the brain  
nephritis

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

Duration

2 yrs  
6 yrs

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

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

Major findings: 131f

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 \_\_\_\_\_

23. Signature F. B. Dailey (M. D. or other) M.D.  
Address Jackson Co Eng Hosp Date signed 3/2/43

---

---

**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.....

*Ben W Gibson*

Licensed Embalmer No.....

*2961*

P. O. Address.....

*Carrollton, N.C.*

**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.**