

FILED MAY 18 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 99

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: 121 W. Southside Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 13 yrs
years, months or 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. 121 West South Side Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Sweet

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1943 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Mar 16
1943 to Mar 30
1943
that I last saw her alive on Mar 30
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
Single all _____ years

7. Birth date of deceased June 1, 1856
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
plus senility

Due to _____

8. AGE: Years 86 Months 10 Days 0 If less than one day _____
hr. min.

Due to _____

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

9502

9. Birthplace Newport-Mayo City Ireland
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Mrs. J.W. Davis

(b) Address 121 W. Southside Blvd

17. (a) Burial (b) Date thereof April 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

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? _____

18. (a) Signature of funeral director Speaks Funeral Home

(b) Address 300 So. Grand Independence Mo

19. (a) 4-6-1943 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F. L. Coors (M. D. or other) _____

Address Independence Mo Date signed 4/7/43

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

MOTHER FATHER

48
4
9

1165

MAY 8 1945

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 *Poland P. Speaks*.....
Licensed Embalmer No.....

P. O. Address.....

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.