

FILED MAR 27 1944
Registration District No. _____

Primary Registration District No. 5570

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Fort Osage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 MI. W. & 1/2 MI. N. Buckner
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at Bent Farms
In this community 2 1/2 ~~3~~ years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural (Broken Bales Bent Farms)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 MI. W. & 1/2 MI. N. of Buckner
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME CYNTHIA A. ROBERTS

3. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 2nd, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Henry Touchstone
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Henrietta McDonald
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mr. George W. Touchstone

(b) Address Buckner, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Six Mile Cemetery

18. (a) Signature of funeral director Richard R. Speake

(b) Address Independence, Missouri

19. (a) 3-3-44 (b) V. M. Kappert (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 5th, year 1944 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Feb 5th 1944 that I last saw her alive on Feb. 5 and that death occurred on the date and hour stated above

Immediate cause of death Hypostatic pneumonia lobar myocardial degeneration
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

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) Manner of injury _____

23. Signature L. W. Hugo (M. D. or other) MD
Address Buckner, Mo. Date signed 2/9/44

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 W

..... Registered Apprentice No.
working under my personal supervision.

Signed Colandrea

Licensed Embalmer No. 3604

P. O. Address Indy 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.