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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 15 1946**  
Registration District No. 1748

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5568

State File No. 41447  
Registrar's No. 372

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence Rural Blvd  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1705 Northern Blvd /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 5 years  
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Edna J. Van Natta  
3. (b) If veteran, name war.....  
3. (c) Social Security No. →

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive → years  
7. Birth date of deceased Oct 1 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 2 27 ..hr. ....min.

9. Birthplace Beaman Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name George Clepton  
13. Birthplace Beaman Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lidia Jenkins  
15. Birthplace Beaman Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lucile Lee Van Natta  
(b) Address 1705 Northern Blvd Ind. Mo

17. (a) Rural (b) Date thereof Jan 1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director W. J. Mitchell  
(b) Address 3107 Main Indep. Mo.

19. (a) 12-29-45 (b) James Wood  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Independence Rural Blvd  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1705 Northern  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 28  
year 1945 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from Dec 1  
....., 19..... to....., 19.....  
that I last saw her alive on Dec 15, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Bronchial pneumonia 15 days  
Due to Bronchial asthma 20 yrs  
Bronchectasis 20 yrs

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) (a) Means of injury.....  
23. Signature W. J. Mitchell (M. D. or other).....  
Address 3107 Main Indep. Mo. Date signed 12/29/45

FEB 18 1946

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**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 Henry J. Mitchell  
Licensed Embalmer No. 3925  
P. O. Address 2nd Dep. 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.**