

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2970

State File No. _____

Registration District No. 151

Primary Registration District No. 5573

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ann's Bar Sup.
3 mi south E
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi S. East
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude E. Stoker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 22
year 1946 hour _____ minute 1:35 P.M.
21. I hereby certify that I attended the deceased from Jan 1946 to 1/22, 1946
that I last saw her alive on Jan 19, 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Jesse 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 30 1860
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac debilitation
Duration _____

8. AGE: Years 86 Months 0 Days 9 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace: Winton Ohio
(City, town, or county) (State or foreign country)

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

11. Industry or business Retired

Major findings: _____
Of operations _____
Of autopsy _____

12. Name Patrick Murphy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Mrs. Schuckler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Genevieve Ferguson
(b) Address Blue Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-46
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Chapel - B.S. Mo

(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 Mrs. G. Blumhagen
(b) Address Blue Springs Mo
19. (a) Jan 29, 46 (Date received local registrar) (b) Mrs. John Lawson (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature F. W. Tuttle (M. D. or other) MD
Address Blue Springs Mo Date signed 1/31/46

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

1362

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..... *RT Webb*

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs 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.