

FILED FEB 20 1946

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 16

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

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:
Independence Sanitarium
 (If not in hospital or institution, write street number or location)
4 weeks
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Rural Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #4 Box 895
 (If rural, give location)
NO
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MATTIE JANE SRADER
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 21
 1946 year hour _____ minute _____ M.

4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sam Srader
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased: August 30
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 1, 1946, to Jan. 21, 1946, that I last saw her alive on 1/21, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 4 Days 22
 If less than one day _____ hr. _____ min.

Immediate cause of death:
Carcinoma - metastatic from Cervix (primary) to lungs and by local extension to left pelvis
 Due to _____
 Due to _____

9. Birthplace: Wheeler Grove Iowa
 (City, town, or county) (State or foreign country)

Other conditions: Terminal Bronchitis - pneumonia
 (Include pregnancy within 3 months)

10. Usual occupation: Housewife

Major findings: Of operations

11. Industry or business: Henry Winegar

12. Name: Henry Winegar

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

14. Maiden name: Jolana Newberry

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

16. (a) Informant: Sam Srader

(b) Address: Route #4 Independence Mo.

17. (a) Burial (b) Date thereof: 1-26-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery
Geo. C. Carson Funeral Home

18. (a) Signature of funeral director: Independence Missouri

(b) Address: _____

19. (a) 1-25-46 (b) _____
 (Date received local registrar) (Registrar's signature)

PHYSICIAN

 Underline the cause to which death should be charged statistically.
X 1/21/46

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? _____

(Specify type of place)
 While at work? _____ (2) Means of injury _____

23. Signature: Chas. T. Gratike (M. D. or other) _____
 Address: Independence, Mo. Date signed: 1/27/46

4993

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

Signed George O. Cannon
Licensed Embalmer No. 2249
P. O. Address Independence, 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.