S. No. 2
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v. 5-17-39
I X35697

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

4997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6008 /

FILED FEB 20 1946

Registration District No. 7 76

Primary Registration District No. 3026

Registrar's No. 5

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:
313 N. Union /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town ~~Kansas City~~ Indep. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 313 N. Union 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDITH M. WEATHERILL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John W.

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Oct. 29, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Orrin H. Holmes
13. Birthplace (City, town, or county) Maine / (State or foreign country)

MOTHER
14. Maiden name Julia Bryant
15. Birthplace (City, town, or county) Maine / (State or foreign country)

16. (a) Informant Mrs. Pearl Boyce
(b) Address 313 N. Union

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Iowa.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address Kansas City, Mo.

19. (a) 1-8-46 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1946 hour 1 42 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 40	
Of autopsy no History + Inspection	

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

23. Signature [signature] (M. D. or other) Coroner
Address 1424 [illegible] Date signed 1-8-46

(Licensed Embalmer's Statement on Reverse Side)

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.....W D Blackman.....

Licensed Embalmer No.....3639.....

P. O. Address.....K. C. 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.