

FILED MAY 14 1947

State File No. _____

Registration District No. 150

Primary Registration District No. 5-5-72

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for aged
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 Feb-13 da
(Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kauman city, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 309 E. 12 St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZORA HAINES

3. (b) If veteran, name wdr M 3. (c) Social Security No. M

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife W Douglas 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased 9-31-1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Benjamin Cartman
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Martha Seals
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Jackson County Home Records
(b) Address J.R.R # 4 - Maple, Mo

17. (a) Removal (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, Mo

18. (a) Signature of funeral director Harold H. ...
(b) Address _____

19. (a) Apr. 29, 1947 (b) Donald ...
(Date received local registrar) (Registrar's signature) 309

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1947 hour 10 minute 40 AM
21. I hereby certify that I attended the deceased from Jan 1 1947 to April 26 1947
that I last saw her alive on 4/26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diseases mellitus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 61
Of autopsy _____

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) Means of injury _____

23. Signature J. N. Green (M. D. or other) _____
Address ... Date signed 4/29/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed.....

Harold R. ...

Licensed Embalmer No. 2510

P. O. Address. R. C. ...

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.