

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 83

Registration District No. 150 Primary Registration District No. 5572

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Imp
(c) Name of hospital or institution Jackson County Home aged
(d) Length of stay: In hospital or institution 4 yr - 2 mth 14 d
In this community 10 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo 3
(d) Street No. 523 Havel ave 8
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LEORNE OSTICK

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1947 hour 9:15 minute P. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from March 1 1947 to May 15 1947 that I last saw him alive on May 15 1947 and that death occurred on the date and hour stated above.

4. Sex M Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced 50

Immediate cause of death Chronic myocarditis

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2-18-1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 3 If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Coalington Ky 1 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 93 R

10. Usual occupation _____

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

11. Industry or business _____

12. Name _____ 13. Birthplace _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Jackson County Jail Recd (b) Address R.R. #4 Independence Mo

17. (a) Burial, cremation, or removal Rural (b) Date thereof MAY 15 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo Cem
(a) Signature of funeral director N.B. Langford (b) Address Leis Summit Mo

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 _____

18. (a) Signature of funeral director N.B. Langford (b) Address Leis Summit Mo
19. (a) MAY 15 1947 (Date received local registrar) (b) Donald C. Egan (Registrar's signature) 577

23. Signature J. H. Greene (M. D. or other) Address Independence Mo Date signed 5/16/47

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..... *M. B. Langford*.....

Licensed Embalmer No. *3833*.....

P. O. Address *Leis Summit*.....

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.