

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV. 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38584
State File No. _____
Registrar's No. 188

Registration District No. _____ Primary Registration District No. 5-5-72

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JACKSON CO HOME 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 YR-1MO-1 DAY
(Specify whether years, months or days) 75 YEARS

3. (a) PRINT FULL NAME EDWIN WEBER
3. (b) If veteran, name war _____ 3. (c) Social Security No. 70

4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

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

9. Birthplace BOONEVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER

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 CO HOME RECORDS

(b) Address R.F. #4 INDER MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem Hg

18. (a) Signature of funeral director W.B. Langford
(b) Address Reis Summit Mo

19. (a) 11-14-47 (b) Donald E. Gurnhaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JACKSON
(c) City or town Rural, Van Buren Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 43rd BLUE RIDGE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11
year 1947 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Nov 1 1947 to Nov 11 1947
that I last saw him alive on Nov 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/11/47

Of autopsy _____

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? _____

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

23. Signature W. G. Gurnhaw (M. D. or other)

Address Independence Mo Date signed 11/14/47

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..... *J. B. Langford*
Licensed Embalmer No. *3833*
P. O. Address..... *Lee Summit, 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.