

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JAN 20 1948
Registration District No. **49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Ke
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
709 Wash
(If not in hospital or institution, write street number or location)

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

In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Ke
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Washington
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEM YOUNG

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 2 year 48 hour 9 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years app 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

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 Coroner's Office
(b) Address K.C. Mo.

17. (a) Removal (b) Date thereof 1/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ke College of Osteo

18. (a) Signature of funeral director Sebbet's
(b) Address City

19. (a) 1-5-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary Sclerosis Duration _____

Due to _____

Due to Deputy Coroner

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93.D

Of autopsy History inspection

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) _____ (Specify type of cause of injury)

23. Signature A.E. Upster (M. E. or other) MD
Address 2800 Main Date signed 1/3/48

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.....

Ray E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

1507 W

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.