

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5251
State File No.
Registrar's No. 39

Registration District No. 150

Primary Registration District No. 5574

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Van Buren (twp)
(c) Name of hospital or institution:
4 mi north Blue Springs Mo
(d) Length of stay: In hospital or institution... 1 week
In this community... 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2921 Walnut
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Luella Squires
3. (b) If veteran, name war... No
3. (c) Social Security No. 495-20-4249

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12
year 1948 hour 12 minute P.M.
21. I hereby certify that I attended the deceased from
5-27 1938 to 2-12 1948
that I last saw h-29 alive on 2-11 1948
and that death occurred on the date and hour stated above.

4. Sex 71
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rollis Squires
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased May 13 1887

Immediate cause of death
Coronary sclerosis
Hypertension
Myocardial infarction
Due to Myocardial infarction
Duration 6 yrs 10 mos 7 de

8. AGE: Years 60 Months 8 Days 29
If less than one day hr. min.

9. Birthplace Washington Co. Kansas

10. Usual occupation Hand finisher

11. Industry or business Sarnet Co

12. Name Unknown 9

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

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

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

16. (a) Informant Mrs Marie Cook

(b) Address Blue Springs Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2-16-48

(c) Place: burial or cremation Westphalia Kan

18. (a) Signature of funeral director N.B. Langford

(b) Address Lees Summit Mo

19. (a) 2-17-48 (b) Donald C. Casner

Other conditions (Include pregnancy within 3 months of death)
Major findings: O.H.A.
Of operations
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?
(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 (M. D. or other) Date signed 2-13-48

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

MAR 19 1948

FEB 17 1948

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 T. B. Langford
Licensed Embalmer No. 3233
P. O. Address Lee's 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.