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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1948

Registration District No. 150

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19798

Primary Registration District No. 5573

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Greenwood - RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Delivery
(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 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. Town
(If rural, give location) No

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

3. (a) PRINT FULL NAME Wesley Edward Totten

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Totten

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 12/3/1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farmer

FATHER
12. Name Theodore Totten
13. Birthplace XXXXXXXXXXX Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Greenberry
15. Birthplace XXXXXXXXXXX Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Totten
(b) Address Greenwood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Mo.

18. (a) Signature of funeral director N.B. Langsford
(b) Address Lee's Summit Mo.

19. (a) JUNE 23, 1948 (Date received local registrar) (b) Donald C. Emmerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-13, 1947 to 6-20, 1948 that I last saw him alive on 6-19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca of stomach with effusion into liver	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy Ca of stomach with effusion into liver

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

23. Signature [illegible] (M. D. or other) MD
Address Lee's Summit Mo. Date signed 6-21-48

(Licensed Embalmer's Statement on Reverse Side)

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. N. B. Langford

Licensed Embalmer No. 3833

P. O. Address. Lee's 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.