

FILED AUG 11 1948

Registration District No. 50

Primary Registration District No. 5572

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Emg. Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community 10 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson County Home
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Elizabeth Edmonds

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Female 5. Color or race W

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

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1948 hour 10 minute 18 A.M.

21. I hereby certify that I attended the deceased from 7-15-48, 19, to 7-19-48, 19;
that I last saw her alive on 7-19-48
and that death occurred on the date and hour stated above.

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

unknown ABOUT 70 YRS. hr. min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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

14. Maiden name unknown

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

Immediate cause of death Cerebral hemorrhage 4 days
Cardiovascular renal disease

Due to Computed part of head

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Jackson County Home for Aged

(b) Address Rt 4 Independence, Mo.

17. (a) Anatomical (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HC. Collier of Oak Day

18. (a) Signature of funeral director Lee's Funeral Home

(b) Address 1515 Independence

19. (a) 7-21-48 (b) Donald Edmonds
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury _____

23. Frank C. Jekel, M.D.
(Physician) (M. D. or D. O.)

Address Rt 4 Independence, Mo Date signed 7-19-48

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

W. P. Daneyford

Licensed Embalmer No. *3833*

P. O. Address *Wesley Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.