No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26716

State File No.

FILED SEP 8 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 258

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1621 Norwood 4
(If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. George J. South
3. (b) If veteran, name war none
3. (c) Social Security No. 487 12 2934
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 22, 1887 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 9 If less than one day br. min.

9. Birthplace Atchison County, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Auto mechanic
11. Industry or business Smith Motor Co.
FATHER
12. Name John South
13. Birthplace unknown, Kansas. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Lavina
15. Birthplace unknown, Canada (City, town, or county) (State or foreign country) 2
16. (a) Informant Virgil A. South
(b) Address 1621 Norwood, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem. KCMo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 9-1-48 (Date received local registrar) (b) [signature] (Registrar's signature) 549

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1948 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from March 5, 1948 to Aug 31, 1948
that I last saw him alive on August 30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Total paralysis	
Due to: Malignant hypertension	2 mos
Due to	
Other conditions: Had a previous Cerebral hemorrage 18 mo before	
(Include pregnancy within 3 months of death)	
Major findings: Of operations: C hemiplegia	
no operation	
Of autopsy: no autopsy	

PHYSICIAN
Underline the cause of 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 C. H. Allen C.M.D. (M.D. or other)
Address Independence Mo. Date signed 9/1/48

Jefferson City Printing Co. (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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.