

No. 2
-12-45
-17-39
X47070

Registration District No. 59 Primary Registration District No. 4094 Registrar's No. 194

1. PLACE OF DEATH:
(a) County Lass
(b) City or town Garden City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 26 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lass 19
(c) City or town Garden City 0
(If outside city or town limits, write "RURAL") 8
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES LEVI EVERETT
3. (b) If veteran, name war..... ✓
3. (c) Social Security No..... ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 29
year 48 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Jan 1
1948 to Oct 29, 1948
that I last saw h im alive on Oct 29 - 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, 2 divorced, Widowed
6. (c) Age of husband or wife if
alive..... ✓ years
7. Birth date of deceased 2 6 1860
(Month) (Day) (Year)

Immediate cause of death
Cancer Failure
Due to Carcinoma of Prostate
Due to.....
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
88 8 23 hr. min.

Major findings:
Of operations..... 518
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Rosedale Incl. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer, retired

11. Industry or business

12. Name George Washington Everett

13. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

14. Maiden name Marion Loney

15. Birthplace Not Known 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loney Matlock 1

(b) Address Garden City, Mo.

17. (a) removal (b) Date thereof 10 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Livingston, Ill.

18. (a) Signature of funeral director William Bros.

(b) Address Garden City, Mo.

19. Oct. 30 - 1948 (Date received local registrar)
Laura J. Jones (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?
While at work?..... (Specify type of place) (e) Means of injury 2 do
23. Signature R. H. Mearns (M. D. or other)
Address Garden City, Mo. Date signed 10/30/48

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

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.....

Bill J. Mickey....., Registered Apprentice No. *254*
working under my personal supervision.

Signed *Floyd Harrison*.....

Licensed Embalmer No. *3970*

P. O. Address *Harrisonville*

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.