

Registration District No. 150

Primary Registration District No. 5572

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 E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 days (Specify whether years, months or days) 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 324 East Walnut
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minerva Dealy

3. (b) If veteran, name war NONE 3. (c) Social Security No. none

4. Sex Female 5. Color or race whi. 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Mr. James Dealy 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 30, 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife
11. Industry or business self employed

MOTHER FATHER
12. Name James J. Whitehouse
13. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Suttle
15. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. M. Broyles
(b) Address 324 E. Walnut, Independence, Mo.
17. (a) burial (b) Date thereof 10/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) OCT. 5, 1948 (b) Donald C. Samsbury
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2, year 1948 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9-7-48, 19 to 10-2-48, 19 ;
that I last saw her alive on 10-2-48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral left heart dys
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 50

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?

While at work? _____ (Specify type of place) _____
(b) Means of injury _____
Signature of physician Frank E. Sharkey
Address Independence, Mo. Date signed 10/5/48

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.....

John M. Heiman
working under my personal supervision.

Registered Apprentice No. *269*

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.