

SEP 21 1943

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3912

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Marty Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 hours
 (Specify whether
 In this community 7 years
 years, months or days)

3. (a) PRINT FULL NAME

MONA A. STETLER

3. (b) If veteran,

name war -

3. (c) Social Security

No. -

4. (a) Sex Female (b) Color or race White
 5. (a) Single, widowed, married, divorced Married
 6. (a) Name of husband or wife Darryl G. Stetler
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Dec 2, 1910
 (Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 8
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name George Golden

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

14. Maiden name Lue G. Pinson

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

16. (a) Informant Darryl G. Stetler

(b) Address 815 So. Parkers

17. (a) Funeral (b) Date thereof 9/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Hill

18. (a) Signature of funeral director George C. Chan

(b) Address Independence, Mo.

19. (a) 89-11-43 (b) R. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 815 So. Parkers
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
 year 1943 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 10th
1943, 1943 to death, 1943
 that I last saw her alive on Sept 10th, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Antepartum
and postpartum
hemorrhage
 Due to: Prenatal separation
of placenta
 Due to: 146c

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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)
 Means of injury 2
 23. Signature R. E. Brown (M. D. or other) NO.
 Address Independence, Mo. Date signed 9-11-43

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.....
Licensed Embalmer No. 2467
P. O. Address. Indef. 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.