No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1725

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 60

FILED FEB 12 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1604 South Seventeenth (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1604 South Seventeenth (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lorain Castle Cherrington 652

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora Katherine

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October (Month) 1 (Day) 1845 (Year)

8. AGE: Years 94 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Express Messenger, Retired

11. Industry or business Rock Island Railroad Company

FATHER
12. Name Josiah Cherrington
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Fannie Filmore
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Dora K. Cherrington

(b) Address 1604 South 17th, St. Joseph

17. (a) burial (Burial, cremation, or removal) (b) Date thereof January 22, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mt. Mora Cemetery, St. Joseph

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Jan 22 1940 (Date received local registrar) (b) A J Nettlebush 85 (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1940 hour 1 minute p. M.

21. I hereby certify that I attended the deceased from Jany 18 1940, to Jan 18, 1940 that I last saw him alive on Jan 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Coma Form a

Due to General debility

Due to age

Other conditions (Include pregnancy within 3 months of death) 16 W

Major findings: Of operations none

Of autopsy none

Duration 30 hours

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J G Mosenson (M. D. or other)

Address 825 Charles Date signed 1-19-40

(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 W. H. Kelly

Licensed Embalmer No. No. 3946

P. O. Address St. Joseph, Missouri.

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

If this body is not embalmed, above space should be left blank.