No. 2
-13-40
17-39
X23159

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. 38134

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1161

FILED DEC 10 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: Mo-Me Bosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 9 days

2. USUAL RESIDENCE OF DECEASED: (a) State: Mo (b) County: DeKalb Co
(c) City or town: Maysville Mo RR (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? All of Life years.

3. (a) PRINT FULL NAME: Della Virginia Post
3. (b) If veteran, name war: —
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: C. L. Post
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Mar. (Month) 22 (Day) 1894 (Year)
8. AGE: Years 46 Months 7 Days 9 If less than one day hr. min.
9. Birthplace: Mitteton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: —
MOTHER FATHER
12. Name: J. A. Dolan
13. Birthplace: Gillenbourgh (City, town, or county) West Va (State or foreign country)
14. Maiden name: Caroline Goodman
15. Birthplace: Gillenbourgh (City, town, or county) West Va (State or foreign country)
16. (a) Informant: C. L. Post
(b) Address: Maysville Mo RR
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Buchanan
18. (a) Signature of funeral director: R. A. Jaggart
(b) Address: King City Mo
19. (a) 11/4/40 (Date received local registrar) (b) W. Mettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1940 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct. 22, 1940, to Nov. 1, 1940 that I last saw her alive on Nov 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hyperthyroidism	2 yrs
Resected thyroid ?	
Due to Cancer or Dry left ?	
Myocarditis & bronic.	2 yrs
Due to Congestive heart failure.	Mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None.	
Of autopsy: Refused.	

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: H. S. Sawrad (M. D. or other) 1
Address: St Joseph Mo Date signed: 11-1-40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

Dr - Conrad

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. G. Taggart

Licensed Embalmer No. 25-63

P. O. Address King City Mo -

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, fact should be so stated above.