No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 6367

Registrar's No. 247

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

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: 3401 Scott Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 1½ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 3401 Scott Street 7 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Minnie Lawrence

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Nelson

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January (Month) 3, (Day) 1868 (Year)

8. AGE: Years 73 | Months 1 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Holt County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name M. Yocum
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant N. J. Lawrence
(b) Address 3401 Scott St., St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 2, 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Surgar Creek Cemetery Rushville, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 3/2/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1941 hour 7 minute 35 p. M.

21. I hereby certify that I attended the deceased from Feb 23, 1941, to Feb 28, 1941; that I last saw her alive on Feb. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	unknown
Due to Chronic Hypertension	unknown
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

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 Gustav Nau (M. D. or other) 0 MD
Address Kirkpatrick Bldg. Date signed 3/1/41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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 Oby Jester

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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

If this body is not embalmed, fact should be so stated above.