

2
-40
39
123159

Registration District No. 207

Primary Registration District No. 5-280

Registrar's No. 32

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town LIBERTY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
528 WEST FRANKLIN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community ONE YEAR. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY
(c) City or town LIBERTY
(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? _____ years.

3. (a) PRINT FULL NAME LOLA ESTELLE POPE BUELL

3. (b) If veteran, name war _____
3. (c) Social Security 709-16-5147

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WESTON BUELL
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased SEPT 15 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 5 hr. _____ min.

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

10. Usual occupation BOOKKEEPER

11. Industry or business A. T. & S. F. Steel Bridge Timekeeper

12. Name WILLIAM POPE

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

14. Maiden name NANCY J. Gater

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

16. (a) Informant MRS. ROBT. G. CUMMINGS

(b) Address LIBERTY MO.

17. (a) BURIAL (b) Date thereof 3-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PAIMYRA MO.

18. (a) Signature of funeral director Hessel Gorder

(b) Address LIBERTY MO.

19. (a) 3-24-41 (b) Allen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 20, 1941, that I last saw her alive on March 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration Indef.

Due to _____

Due to _____

Other conditions Fracture Left Hip
(Include pregnancy within 3 months of death) 3/1/41

Major findings: Of operations 11/19/41
Of autopsy 10/7/41

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 3/24/41

(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? 940 (Specify type of place) (e) Means of injury _____

23. Signature Overlander (M. D. or other) M.D.

Address Liberty, Mo. Date signed 3/21/41

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

MOTHER FATHER

1862
94

RECEIVED
District Health Officer No. 8
Testate File Number
Date Filed 4-10-41

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

Mavis Hessel
Licensed Embalmer No. 25-09

P. O. Address

Liberty Ms.

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10411

Registration District No. 201

Primary Registration District No. 3012

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lola Totelle Cape Buell
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 m

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1991 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration _____
Due to _____
Due to _____

Other conditions Fracture of left hip
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 2-11-41

(c) Where did injury occur? Liberty Bay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell on sidewalk in front of home
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature Guaranteed M.D. (M. D. or other)
Address Liberty, Mo Date signed 6/7/41

SUPPLEMENTARY

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

MOTHER FATHER

S-10411 1941