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-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15951

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 937

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Spanish Lake
(c) Name of hospital or institution No. 5 Northdale, Spanish Lake
(d) Length of stay: In hospital or institution 35 years
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Spanish Lake, Mo.
(d) Street No. No 5 Northdale
(e) Citizen of foreign country? Yes (Yes or No)

3. (a) PRINT FULL NAME ISORA VERHINE

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 Widow

6. (b) Name of husband or wife Not Available 6. (c) Age of husband or wife if alive 1867 years

7. Birth date of deceased Feb. 2, 1867

8. AGE: Years 74 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Union City Tenn

10. Usual occupation At Home

11. Industry or business

12. Name James N. Jonakin

13. Birthplace Not Known

14. Maiden name Mary Connor

15. Birthplace Not Known

16. (a) Informant Joseph Jonakin

(b) Address No. 5 Northdale, Spanish Lake

17. (a) Burial (b) Date thereof 5/2/41

(c) Place: burial or cremation Union City, Tenn.

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (c) MAY - 2 1941 (Date received local registrar) (d) [Signature] (Registrar's signature)

BC. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 3 minute 05 AM M.

21. I hereby certify that I attended the deceased from Nov 5 1940 to Jan 1 1941 that I last saw her alive on 5/2/41 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus (Primary)
Intesting

Due to 48 hr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No

(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address 3919 W. Harrison Date signed 5/2/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *William G. Bucher*

Licensed Embalmer No. *211A*

P. O. Address *St. Louis*

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.