

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27798
Registrar's No. 735

FILED SEP 10 1941
Registration District No. 247

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 8 Hour
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 209 E. Kansas Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Frances Lincoln
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2 nd year 1941 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased on Aug 2 1941 to

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adelbert N. Lincoln
6. (c) Age of husband or wife if alive Dead 18 years 1857
7. Birth date of deceased May (Month) 18 (Day) 1857 (Year)
8. AGE: Years 84 Months 2 Days 14

Immediate cause of death: Right Temporal skull fracture, Fracture of right clavicle, internal injuries to the chest, right lung metastases, Dislocation of right elbow. Due to fracture of neck of right femur.
Duration 1 day

9. Birthplace Springfield, Illinois
10. Usual occupation House Keeper
11. Industry or business Home
12. Name Thomas Jefferson Hurst
13. Birthplace Unknown Illinois
14. Maiden name Anna M. Mann
15. Birthplace Unknown Ohio

Other conditions: Woman was struck while crossing King Hill Ave by an automobile, knocked down and dragged by the car.
Major findings: Of operation
Autopsy: no

16. (a) Informant Jesse S. Hurst (Brother)
(b) Address 44 E. Hyde Park, St. Joseph, Mo.
17. (a) Burial (b) Date thereof 8/7/41
(c) Place: burial or cremation King Hill Cemetery
18. (a) Signature of funeral director J. B. [Signature]
(b) Address 6054 Pryor Ave, St. Joseph, Mo.
19. (a) 8/6-41 (b) [Signature]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug 7 - 1941
(c) Where did injury occur? St. Joseph, Buchanan Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? King Hill Ave near Missouri Ave
While at work? no (e) Means of injury automobile
23. Signature H J Mundy (M. D. or other) Coroner
Address 404 So 3d Date signed 8/6/41

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

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Crepp

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave.,
St. Joseph, Missouri

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.