S. No. 2
I—9-4-41
. 5-17-39
I X29484

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. 5929

FILED MAR 11 1942

Registration District No. 25 — Primary Registration District No. 1001 — Registrar's No. 359

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph Mo Urban
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)
In this community: ~~Yes~~ 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 11
(c) City or town: Kansas City, Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Dora Edmonds

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: 9 (Month) 9 (Day) 1864 (Year)

8. AGE: Years 78 Months 9 Days 9 If less than one day ____ hr. ____ min.

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

10. Usual occupation: House Wife

11. Industry or business:

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

MOTHER
14. Maiden name: Unknown 1
15. Birthplace: Unknown (City, town, or county) / (State or foreign country)

16. (a) Informant: State Hospital #2
(b) Address: St Joseph Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb 16, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo

18. (a) Signature of funeral director: Fleeman & Lowe
(b) Address: St Joseph Missouri

19. (a) 2/16/42 (Date received by local registrar) (b) H J Heitebuch (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1942 hour 4:20 minute a M.

21. I hereby certify that I attended the deceased from October 6th, 1941, to February 16, 1942 that I last saw him alive on February 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Well old Tuberculosis of Right lung and Cavitation. Ulcer — Duration

Due to: Hypertensive

Due to: 3 f 1

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: Bronchopneumonia Well old Tuberculosis of Right lung cavitation
Of autopsy: Cavitation

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: 0

23. Signature: R B T Sweany (M. D. ~~or other~~)
Address: State Hospital #2 Date signed: 2-16-42

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.....

Feb 16, 1942, Registered Apprentice No.....,

working under my personal supervision.

Signed John H Shirley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo.

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.