

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16930
Registrar's No. 1958

Registration District No. 99

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town James City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp. 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town James City
(If outside city or town limits, write "RURAL")
(d) Street No. 552 Stonewall Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THELMA ALICE DEFEO
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 12
1942 to May 18 1942

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Anthony Defeo 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased: Mar 18 1902
(Month) (Day) (Year)

that I last saw her alive on May 17 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral Pneumonia Duration 6 hrs?
Due to Unknown
Due to 72 F

8. AGE: Years 40 Months 7 Days 0
If less than one day hr. _____ min. _____

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.

9. Birthplace St John Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Marcum
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mora Burner
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) (e) Manner of injury _____
23. Signature Robert M. Markin (M. D. or other) M.D.
Address 736 Argyle Date signed 5-19-42

16. (a) Informant Anthony Defeo
(b) Address 552 Stonewall Court
17. (a) Burial (b) Date thereof 5/20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Maris
18. (a) Signature of funeral director W. H. Kappeler
(b) Address 1500
19. (a) 5-19-42 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

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

Benedict Nazarian

Licensed Embalmer No. *4273*

P. O. Address. *EC No*

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.