

3. No. 2
-1-4-41
5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30119
State File No. _____
Registrar's No. 142

FILED OCT 5 1942

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Grand Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Wilmath Lord

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 3 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation mechanic

11. Industry or business Auto

MOTHER FATHER { 12. Name John Lord
13. Birthplace Union, Mass
(City, town, or county) (State or foreign country)
14. Maiden name Jane Lyman
15. Birthplace Nova Scotia
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Lord Jr.
(b) Address 104 Maple Ave

17. (a) Burial (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Claudette Richard

(b) Address Excelsior Springs Mo
19. (a) 9-7-42 (Date received local registrar) Mrs. J. B. Pittman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1942 hour 4:10 minute _____ M.

21. I hereby certify that I attended the deceased from June 1941
to Sept 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: coronary thrombosis (Occlusion)
Due to coronary sclerosis
Due to age

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

Major findings: 2 yrs ago
Of operations _____
Of autopsy gfd

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) Means of injury _____

23. Signature Arthur W. ... (M.D. or _____)
Address Excelsior Springs Mo Date signed 9-7-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

55-496-16-3151

513

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-2-42

P.J.S. 8

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 Robert Ray

Licensed Embalmer No. 4182

P.O. Address Excelsior Spgs, 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.