

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 219

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

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dora ANNA Stock

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 2, 1942 to Sept 9/25/42 19__

that I last saw her alive on 9/24/42 19__

and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: July 27 1902
(Month) (Day) (Year)

Immediate cause of death: Pulmonary embolism

Due to appendicitis (toxicoperative)

Other conditions: 12/11

(Include pregnancy within 3 months of death)

8. AGE: Years 40 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Fruity Kiss

13. Birthplace OSAGE COUNTY, MO
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bush

15. Birthplace Osage Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jose Stock

(b) Address Freedom, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 28 42
(Month) (Day) (Year)

(c) Place: burial or cremation Ryora Mo

18. (a) Signature of funeral director Clayde Morton

(b) Address Leann, Mo

Major findings: Ruptured appendix
Of operations operation 9/25/1942

Of autopsy none

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 St. H. Rambo (M.D.)

Address Jefferson City Mo Date signed 9-25-42

MOTHER FATHER

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed... *Vernon Norton*

Licensed Embalmer No. *4125*

P. O. Address... *Lean 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.