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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2432

State File No. _____
Registrar's No. 5

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: Vale Sanitarium 2
(d) Length of stay: In hospital or institution 6 weeks
In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 1606 W Short St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Richard Harding Doe.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race Wht
6. (a) Single, widowed, married. Divorced Married
6. (b) Name of husband or wife Etta Doe.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April 5 1871

8. AGE: Years 71 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Rochester Minnesota

10. Usual occupation _____

11. Industry or business Harness maker

12. Name Richard Harding Doe Sr.

13. Birthplace Minnesota

14. Maiden name Julia Bartholomew

15. Birthplace Mass

16. (a) Informant Mrs. Etta Doe

(b) Address 1606 W Short, Indep. Mo

17. (a) Burial (b) Date thereof Jan 5 1943

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Lester Speaks

(b) Address Independence, Mo.

19. (a) Jan 5-1943 (b) James W. Ross

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Dec 8 1942 to Jan 1 1943 that I last saw h. alive on Jan 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion + anemia
Due to maniacal insanity
Duration 2 weeks

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

Major findings: Of operations _____ Of autopsy _____

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? _____
(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 J. H. Heckler (M. D. or other) Address Independence Mo Date signed Jan 5 1943

1163

APR 23 1944

MAY 24 1944

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 my

Registered Apprentice No. _____

working under my personal supervision.

Signed

Poland Jensen

Licensed Embalmer No. 3604

P. O. Address Independence

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.