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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

5855

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 176

**1. PLACE OF DEATH:**

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community 65 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2222 so 14th St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nora Omega King

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 William

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March (Month) 30 (Day) 1874 (Year)

8. AGE: Years 68 Months 10 Days 6 If less than one day hr. min.

9. Birthplace New Castle (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name N.B.Welch
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Palmer
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs L.G.Burt
(b) Address St Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun St

19. (a) 2-9-43 (Date received local registrar) (b) Rose Heyog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 6th year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Feb 3, 1943 to Feb 6, 1943; that I last saw her alive on Feb 6, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Mesentary Embolism | 5 ds |
| Due to Gangrene of Colon | 4 ds |
| Due to Peritonitis General | 4 ds |
| Other conditions (Include pregnancy within 3 months of death) | |

99.1

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? (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

23. Signature Gustav A Lau (M. D. or other) M.D.

Address Kirk Bldg St Joseph Mo Date signed 2/8/43

1233

(Licensed Embalmer's Statement on Reverse Side)

## 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 L Yaple

Licensed Embalmer No. 3308

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.**