. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 34146

FILED NOV 9 1943

Registration District No. 1002 Primary Registration District No. 1000 Registrar's No. 1106

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

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: State Hospital N2 20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year and 21 days (Specify whether)

In this community 1 year and 21 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. State Hospital N2 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MATE A. Dulin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife J. B. Dulin

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

7. Birth date of deceased Feb. (Month) 13 (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Delerique Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. B. Dulin Husband

(b) Address 5518 Woodland Kansas Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director R. W. Newcomer Jones Bradford

(b) Address Kansas City, Mo

19. (a) Oct. 5, 1943 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 5 day year 1943 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from Sept. 10th, 1943, to Oct. 5, 1943 that I last saw h 5 45 alive on Oct. 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Carcinoma of the Scalp and Head

Due to

Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature R. B. T. Sweeney (M. D. or other) MD

Address State Hosp. N2 Date signed 10/5/43

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.