

U. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13754

1762

FILED MAY 5 1949
Registration District No. 5 1949

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town B. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
709 Washington 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town B. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE LOPER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Webb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 22 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Unknown 9 (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____ 9

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant H. C. Aragon

(b) Address Dallas Texas

17. (a) Burial (b) Date thereof 4/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park. KC Mo

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 4-21-48 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 44 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw h. Deputy Coroner _____, 19____
and that death occurred of the date and hour stated above.

Immediate cause of death Arteriosclerotic heart Disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy Inspection History

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?

While at work _____ (Specify type of place) (Type of means of injury)
23. Signature A. E. Walker (M. D. or other) M.D.
D. E. Brown Date signed 4/21/48

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

361

(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 Ray E Snow
Licensed Embalmer No. 2560
P. O. Address K6 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.