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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. \_\_\_\_\_

FILED JUL 6 1944  
Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 661

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: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Hamilton  
(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 Judy Kay Lister

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Richard O. Lister

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Edith M. Gregory

15. Birthplace Kingston Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith M. Lister

(b) Address Hamilton, Missouri

17. (a) Removal (b) Date thereof: 6/15/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 6-15-44 (b) Heber J. Peck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1944 hour 3 minute 20 A. M.

21. I hereby certify that I viewed the deceased from June 15th 1944 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him viewed alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death, Concussion of the brain Duration 1 day  
Penetrated area 3 1/2 inches in  
Due to fracture on right side  
of face and head, fracture  
of left leg near the knee  
fracture of left arm and  
elbow.

Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No. 1700 21

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) accident 013

(b) Date of occurrence June 14-1944

(c) Where did injury occur? Hamilton Caldwell Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hotel in Hamilton Mo  
(Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature H. F. Mundy (M. D. or other) Coroner  
Address 404 So 7th Date signed 6/15/44

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

1377

(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 *Ellvert E. Harrington*

Licensed Embalmer No. *3258 Mo.*

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.**