

V. S. No. 2
DOM-3-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31533

FILED OCT 24 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5962

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Weston Marshall town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution no (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Marshall Township
(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 Cora Jane Son

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George S. Son 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb. 24 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 8 If less than one day
hr. _____ min. _____

9. Birthplace XX Penn.
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sarrus Smith

13. Birthplace Ireland Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dougan

15. Birthplace XX Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Son

(b) Address Rushville, Missouri

17. (a) Burial (b) Date thereof Sept 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery W. R. Vaughn

18. (a) Signature of funeral director Weston, Missouri

(b) Address _____

19. (a) 9-5-44 (b) mis Clay Siffle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1944 hour 9 minute 50 p M.

21. I hereby certify that I attended the deceased from August 30
1944, to Sept. 1, 1944;
that I last saw her alive on Sept 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to _____

Due to _____

Other conditions 83a!
(Include pregnancy within 3 months of death)

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? _____ (c) Means of injury _____

23. Signature Edward J. Blue (M. D. or other) Mr. D.

Address Platte City, Mo. Date signed 9/2/44

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

1207

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. *Platte Co.*
District File Number *10-44-82*
Date Filed *10-3-44*

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 *W. R. Vaughn*
.....
Licensed Embalmer No. *4023*
.....
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.