

S. No. 2
M-2-43
5-17-39
-I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2083

State File No. _____

Registrar's No. 67

FILED FEB 8 1945
93

Registration District No. _____

Primary Registration District No. 4154

1. PLACE OF DEATH:

(a) County DADE

(b) City or town GREENFIELD

(c) Name of hospital or institution:

(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 39 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NAOMI FLOY McLEMORE

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. _____

20. DATE OF DEATH: Month JANUARY day 1 year 1945 hour 6:00 minute _____ P. M.

4. Sex FEMALE 5. Color or race WHITE

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

21. I hereby certify that I attended the deceased from Dec 15 1944 to Jan 1 1945

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

that I last saw her alive on Dec 23 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased FEBRUARY (Month) 18 (Day) 1905 (Year)

Immediate cause of death Ca. of Mediastinum Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>10</u>	<u>13</u>	_____ hr. _____ min.

Due to Ca of Breast

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

Due to _____

10. Usual occupation Stenographer

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Charlie McLemore

Of autopsy _____

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

14. Maiden name Grace Mansfield

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

16. (a) Informant Mrs. Grace McLemore

(b) Address Greenfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Mo

18. (a) Signature of funeral director Sam Sweeney

(b) Address Greenfield Mo

19. (a) Jan 2/45 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

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) (e) Means of injury _____

23. Signature Herchel Phoke (D. or other) D.O.

Address Greenfield, Mo Date signed 1-2-45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1082

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer **No. 8;**
District File Number **245-158**
Case Filed **FEB 6 1945**

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 Sam E. Sencer Jr
Licensed Embalmer No. 4099
P. O. Address Greenfield 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.