

S. No. 2
M-8-43
v. 5-17-39
I X37823

2629

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1945

Registration District No. 105

Primary Registration District No. 3127

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1421 W. 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 1
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1421 W. 7th
(If rural, give location) 2

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

If yes, name country ii

3. (a) PRINT FULL NAME Mrs. America Sirdanus

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1945 hour 6:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from Nov 23
1943 to Jan 7 1945

that I last saw her alive on Jan 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Dr. W. Sirdanus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 18 1861
(Month) (Day) (Year)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years 83 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

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? _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name Richard Spillman

13. Birthplace No data (City, town, or county) (State or foreign country)

14. Maiden name No data

15. Birthplace No data (City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. Sirdanus

(b) Address Webb City Mo

17. (a) Burial (b) Date thereof Jan. 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Hedge Lewis

(b) Address Webb City Mo

19. (a) Jan. 8 1945 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R.M. Storms (M. D. or other)

Address Webb City Mo Date signed 1/8/45

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

17
26
26

45-1-109

Statement

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..... *G.M. Hedge*

Licensed Embalmer No..... *2859*

P. O. Address..... *W. H. City*

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.