

FILED MAY 12 1945  
73

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 54

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town LIBERTY, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1007 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 mo. (Specify whether years, months or days)  
In this community 7 mo.

3. (a) PRINT FULL NAME DORA M. LAPOLD

3. (b) If veteran, name war NO 3. (c) Social Security No. 710

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

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

7. Birth date of deceased March 5 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Thomas Cole Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name James F. Clark  
13. Birthplace St Thomas MO  
(City, town, or county) (State or foreign country)

14. Maiden name Doris Davis

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

16. (a) Informant Liberty Mo  
(b) Address \_\_\_\_\_

17. (a) removal (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City Missouri

18. (a) Signature of funeral director James Hall Funeral Home  
(b) Address Liberty Missouri

19. (a) April 26-45 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County cole 26  
(c) City or town St Thomas  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1945 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1944 to April 26 1945  
that I last saw her alive on April 26 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

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) (e) Means of injury \_\_\_\_\_

23. Signature Buckton Mathey (M. D. or other) MD  
Address Liberty Mo Date signed 4-26-45

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5/11/45

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 \_\_\_\_\_

*Self*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Victor E. Hummer

Licensed Embalmer No. 2896

P. O. Address Liberty Missouri

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.