. S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30170

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1008

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: State Hospital # 2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. 2 Mo. 1da. (Specify whether In this community 2yrs. 2mo. 1da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11

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

(d) Street No. 3462 East 62nd. Street 7 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lida (Mary Eliza) Read

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

4. Sex Female 1 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 April (Month) 12 (Day) 1867 (Year)

8. AGE: Years 78 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Weston, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Store

FATHER
12. Name Larkin M. Read
13. Birthplace Baltimore, Maryland 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Woods
15. Birthplace Nevilville, Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ivy C. Wilkins

(b) Address 973 Water, Kerrville, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/24/45 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Mo.

19. (a) 9/24/45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22 year 1945 hour 1:50A.M. minute M.

21. I hereby certify that I attended the deceased from Sept. 3, 1945, to Sept. 22, 1945 that I last saw her alive on September 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	20 da.
Due to: Accident Fall on ward hall.	
Due to	
Other conditions (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) Accident 131

(b) Date of occurrence September 3, 1945

(c) Where did injury occur? St. Joseph, Buchanan, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hospital Ward Hall (Specify type of place)

While at work? yes (e) Means of injury fracture of shoulder

23. Signature L. E. Shuck 5 (M. D. or other) M.D.

Address State Hospital # 2 Date signed

1428 (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 W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.