

FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

State File No.

36538

Registration District No. 13

Primary Registration District No. 5061

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Verona "Rural" Pleasant Ridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 yr years, months or days

3. (a) PRINT FULL NAME

Lydia A. ARMES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W 0 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 July 13 (Month) (Day) 1858 (Year)

8. AGE: Years 87 Months 2 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Simpson Bucabayan
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Simpson
15. Birthplace unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Elben Pannel
(b) Address Verona MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calton Cemetery

18. (a) Signature of funeral director Paul J. Marshall
(b) Address Verona MO
19. (a) 10-10-45 (Date received local registrar) (b) W. M. West M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Verona "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. 2 miles South Verona (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour 3 minute 0 A.M.
21. I hereby certify that I attended the deceased from Sept 1, 1945 to Oct 10, 1945
that I last saw her alive on Oct 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia
Due to _____
Due to _____

Other conditions Euphymeria
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 F. Avery Watson D.O.
Address Verona, Mo. Date signed 10-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1117

Date Filed NOV 17 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

myself, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 3812

P. O. Address Barro MD

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.