S. No. 2
DM—2-43
v. 5-17-39
I X35697

3680

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4656

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 186

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: St. Joseph's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GENTRY 38

(c) City or town King City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sylvia Limpp

3. (b) If veteran, name war none

3. (c) Social Security No. ✓ none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Rufus H. Limpp

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. (Month) 4 (Day) 1894 (Year)

8. AGE: Years 52 Months 0 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Miles M. Rardin
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Lena Miller
15. Birthplace unknown (City, town, or county) Nebr. 1 (State or foreign country)

16. (a) Informant Rufus H. Limpp

(b) Address King City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Heaton Bessie & Bowman

(b) Address St. Joseph, Mo.

19. (a) Feb. 14, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1946 hour 1 minute 239 M.

21. I hereby certify that I attended the deceased from 2-6, 1946 to 2-10, 1946 that I last saw her alive on 2-10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Yellow Atrophy Liver	3 wks
Due to Cincophen 2	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1250	
Of autopsy Same as above	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] M.D. (M. D. or other)

Address St. Joseph 8 Mo. Date signed 2-11

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(Licensed Embalmer's Statement on Reverse Side)

APR 5 1946

Record Room - Mo. Mill

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~~ 10 Feb 46 ....., Registered Apprentice No. ✓ ....., working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.