

3. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13073**
Registrar's No. **1884**

FILED MAY 6 1946
Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jackson City**
(c) Name of hospital or institution **Research Hosp**
(d) Length of stay: In hospital or institution **30 hours**
In this community **24 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Jackson City**
(d) Street No. **3644 5th St**
(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Lucy Cherplane**
3. (b) If veteran, name war **76** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23** year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **4-20** 1946 to **4-23** 1946
that I last saw him alive on **4-23** 1946 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Name of husband or wife **Dominique Cherplane** (b) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 18, 1877** (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
Due to **Hypertensive Heart Disease**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
1. Of operations _____
2. Of autopsy **LECTER 2**

8. AGE: Years **68** Months **11** Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____
12. Name **Julius J. Porter**
13. Birthplace **Spence Missouri**
14. Maiden name **Julia**
15. Birthplace **Spence Missouri**

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)
Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant **Spence Missouri**
(b) Address **3644 5th St**
17. (a) **Removal (at 0000)** (b) Date thereof **4-23-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Spence Missouri**
18. (a) Signature of funeral director **Spence Missouri**
(b) Address **36316 5th St**
19. (a) **4-23-46** (Date received local registrar) (b) **Heraldine Holmes** (Registrar's signature)

23. Signature **G. Juarez-Reyna** (M. D. or other) _____
Address **1612 Proj. Bldg.** Date signed **4/29/46**

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 *Thomas E. Lewis*

Licensed Embalmer No. *3775*

P. O. Address. *R. O. 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.