

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

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

19537

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 756

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:
2209 Francis St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 Weeks years, months or days)

3. (a) PRINT FULL NAME Mrs Cora B. Lord

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased May 6 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Calloway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benj. M. Linn

13. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)

14. Maiden name Sarah R. Adkins

15. Birthplace Richmond Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Sprengel

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 7-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Nebr.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) July 2, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr. (b) County Richardson

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 6/16, 1946, to 6/28, 1946;
that I last saw her alive on 6/28, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration _____

Due to _____

Due to _____

Other conditions Repl. Ch. - bedridden 3 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 13/46

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 Frank Wadegor (M. D. or other) _____

Address 674 1/2 N. 1st St. Date signed 7/1/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

18413

AUG 12 1946

AUG 13 1946

JUL 17 1946

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, By.....

.....
Registered/Apprentice No.....
working under my personal supervision.

Signed Robert H. Gaylor.....

Licensed Embalmer No. 3308.....

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.