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

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

21370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22504

FILED JUN 20 1946

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 yr 21 days (Specify whether years, months or days)

In this community 1 yr-21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 836 East 72nd (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME ALICE LA RUE

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

4. Sex Fem

5. Color or race White ✓

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jany (Month) 4 (Day) 1861 (Year)

8. AGE: Years 85 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Washington Ia (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Judy F Marshall
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director O. W. Newcomer & Sons

(b) Address Kansas City, Mo.

19. (a) 6-10-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 5 minute 10 p M.

21. I hereby certify that I attended the deceased from 5-17- 1945 to 6-8, 1946 that I last saw her alive on June 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Sclerotic heart disease

Due to Arteria-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy

Duration

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

23. Signature R. G. Hall Ms (M. D. or other)

Address Nevada Mo Date signed 6/8/46

231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District Registrar No. 5-46-600
Date Filed 6-13-46

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 Marsh Eichinger

Licensed Embalmer No. 6656

P. O. Address Nevada, 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.