

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1946
STANDARD CERTIFICATE OF DEATH

29645

State File No. _____
Registrar's No. 1047

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 12 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchananzn //
(c) City or town St. Joseph //
(d) Street No. 4818 King Hill 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lulu Virginia Surface
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14
year 1946 hour 1 minute 05 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel R. Surface
6. (c) Age of husband or wife if alive 8 years 1865
7. Birth date of deceased November 8 1865 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 11 1946 to Sept 14 1946
that I last saw her alive on Sept 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Pneumonia 2 days
Due to Fracture of left hip 4 days
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
80 10 6 hr. min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

12. Name M. C. Helm
13. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mabry
15. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Miss Eva Helm
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Heaton, Pade & Bowman
(b) Address St. Joseph, Mo.

19. (a) Sept. 20, 1946 (Date received local registrar)
(b) Registrar's signature E. J. Matthews

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 131
(b) Date of occurrence 9-11-46

(c) Where did injury occur? St. Joseph Buchanan Mo (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? Patient fell at her home

(e) While at work _____ (Specify type of place) Means of injury Fall

23. Signature J. M. L. Jones (M. D. or other) Date signed 9-16-46

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

29645

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..... *Eugene Wood*.....
Licensed Embalmer No. *3804*.....
P. O. Address..... *519 So. 15th St. 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.