S. No. 2
M—9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32746

State File No.

FILED OCT 16 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1141

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

31579

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: Stk Hosp #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yr 8 mo 13 da (Specify whether

In this community 10yr, 8 mo. 13 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 11

(c) City or town Coinsville 1 (If outside city or town limits, write "RURAL")

(d) Street No. 7 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lucy Case

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife G W Case (Dead)

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

7. Birth date of deceased June (Month) 28 (Day) 1861 (Year)

8. AGE: Years 85 Months 3 Days 10 If less than one day hr. min.

9. Birthplace -- (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. R. Hadley
13. Birthplace -- (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name Nancy E Bour
15. Birthplace -- (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant Mrs L E Ray

(b) Address 2116 W. Div. Grand Island

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Coinsville Mo.

18. (a) Signature of funeral director Nestor Bettole & Bowman

(b) Address St. Joseph, Mo.

19. (a) Oct. 10, 1946 (Date received local registrar) (b) W. G. Nestlebush (Registrar's signature) Jm

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1946 hour 7 15 minute a M.

21. I hereby certify that I attended the deceased from Sept 1, 1946, to Oct 8, 1946, that I last saw her alive on Oct 7, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous peritonitis	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 15	

Major findings: Of operations general involvement omentum & bowels & some

Of autopsy deposits in lungs.

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 L. S. Thuck (M. D. or other)

Address Stk Hosp #2 St. Joseph, Mo. Date signed 10/8/46

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10 St Joseph

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.