

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39912

State File No. _____

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Belton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 14 years

In this community _____
years, months or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Belton 0
(If outside city or town limits, write "RURAL")

(d) Street No. none (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT NAME MARIE FERN LIMPUS

(b) If veteran, name war no

(c) Social Security No. 487-16-0039

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 19TH
year 1946 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 15,
1946, to Dec. 19, 1946;

that I last saw her alive on Dec. 19, 1946;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Paul Limpus

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. 15, 1905
(Month) (Day) (Year)

Immediate cause of death Uremia secondary to fatty degeneration of both kidneys

Duration 3 weeks

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

Due to Carcinomatous blockage of both lower ureters 4 weeks

Due to CARCINOMA OF CERVIX UTERI 1 1/2 YRS.

9. Birthplace Adrian, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machine operator

11. Industry or business Garment Factory

Other conditions Hydronephrosis bilateral; hydronephrosis, left; utero-vesico-vaginal abscess

(Include pregnancy within 3 months of death)

Major findings: None

Of operations: U/S

MOTHER FATHER

12. Name James Prettyman

13. Birthplace Freeman, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elvira Gibson

15. Birthplace Kansas /
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy Uterine + bladder infiltration, pelvic fixation + adhesions — as above.

16. (a) Informant Paul Limpus

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 12/22/'46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo. Cemetery

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? no

18. (a) Signature of funeral director E. K. Beatty & Sons

(b) Address Belton, Mo.

19. (a) Dec. 21-1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Herbert A. Tracy (M. D. or other) M.D.

Address Belton, Mo. Date signed Dec. 19, 1946

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

38726

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 Richard E. George
Licensed Embalmer No. 3958
P. O. Address Bellton, 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.