. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3760

Registration District No. 360 — Primary Registration District No. 6225 — Registrar's No. 4

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 32 (If not in hospital or institution, write street number or location)

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

In this community 1 mo 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 108

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

(d) Street No. County home (If rural, give location)

(e) If foreign born, how long in U. S. A.? do not believe 20 years.

3. (a) PRINT FULL NAME EDITH-TREMONTE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race wh

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Jan (Month) unknown (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days unknown If less than one day hr. min.

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

10. Usual occupation f. housewife

11. Industry or business none

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

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Records State Hosp 3

(b) Address Nevada Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. W. Newcomers Son

(b) Address 1401 Brush Creek K. C., Mo.

19. (a) 1-11-47 (Date received local registrar) (b) Kathryn Yancy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1947 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from 2 Nov 22, 1946, to Jan 11, 1947 that I last saw her alive on Jan 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Psychosis with cerebral arteriosclerosis	
Major findings: Of operations none	
Of autopsy none	

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) No

(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 Paul L Barone (M. D. ~~or other~~)

Address State Hosp 3 Date signed Jan 11, 1947

231 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.