

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14212

FILED APR 18 1947

State File No. _____

Registration District No. 209

Primary Registration District No. 3943

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St Elizabeth Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: 2 days in hospital or institution. (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bales 87

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lida Lorene Pridemore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1947 hour 2 minute 50p M.

21. I hereby certify that I attended the deceased from March 24, 1947, to March 27, 1947, that I last saw her alive on March 27, 1947, 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 Deal Pridemore

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 20 1887
(Month) (Day) (Year)

Immediate cause of death Tuberculosis

Due to osteitis

Due to rupture

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

10 days

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 6 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jordan Braley

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Johnson

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

16. (a) Informant Mrs Mina Kramer

(b) Address Quincy, Ill.

17. (a) Burial (b) Date thereof 4-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery, Clarence, Mo

18. (a) Signature of funeral director Hamilton Ind. Co

(b) Address Clarence, Mo

19. (a) 3-31-47 A. E. M. Lucken
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Arthur (M. D. or other)

Address Hambuda, Mo Date signed _____

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

MOTHER FATHER

JUN 4 1947

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Jack Hayes

Licensed Embalmer No. *3699*

P. O. Address. *Shelbina, 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.