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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16558

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 662

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

1. PLACE OF DEATH:
(a) County Buchanan County
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr. 6 mo 15 days (Specify whether years, months or days)
In this community 5 yr 6 mo 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 11
(c) City or town Weston 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothy Synnamon Hord
3. (b) If veteran, name war / ---
3. (c) Social Security No. / ---
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 2 (Day) 1908 (Year)

8. AGE: Years 38 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Weston (City, town, or county) Mo (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER
12. Name H. B. Hord.
13. Birthplace Weston (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary Synnamon
15. Birthplace Weston (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Mary Hord
(b) Address Weston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Bethel Cem
18. (a) Signature of funeral director Vaught Funeral Home
(b) Address Weston Mo
19. (a) May 21, 1947 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from May 1, 1947, to May 19, 1947; that I last saw him alive on May 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Purulent Pleurisy — Duration
Due to Old pneumonic process
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 110P
Of autopsy

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 Forrest Thomas (M. D.)
Address St Joseph Mo Date signed 5/19
St Joseph State Hospital No 2

(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 W. R. Vaugh

Licensed Embalmer No. 4023

P. O. Address Weston, 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.