S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

20058

State File No.

Registration District No. 8 Primary Registration District No. 4021 Registrar's No. 23

**1. PLACE OF DEATH:**

(a) County AUDRAIN.
(b) City or town LADDONIA-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
In this community 2 YRS.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County RALLS. 87
(c) City or town LADDONIA-MO.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME LUELLA-KERR
3. (b) If veteran, name war
3. (c) Social Security No. NONE.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SAM-KERR.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE- 18- 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 20 If less than one day hr. min.

9. Birthplace UNKNOWN ILLINOIS.
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business HOME.
FATHER
12. Name MICHEL-F-WOODS. 6
13. Birthplace MEXICO, MO.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY-JANE-WHEELER.
15. Birthplace UNKNOWN ILLINOIS.
(City, town, or county) (State or foreign country)
16. (a) Informant Jim Geo. Landers.
(b) Address LADDONIA-MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-10-1947.
(Month) (Day) (Year)
(c) Place: burial or cremation WELLSVILLE-MO.
18. (a) Signature of funeral director Clyde C. Wilbey.
(b) Address LADDONIA-MO.
19. (a) 6-14-47 (Date received local registrar) (b) Martha Kenner (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 8th
year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1947, to June 8, 1947;
that I last saw her alive on June 8, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | 2 day |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Diabetis Melitus | |

Major findings:
Of operations 6
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 21

23. Signature R B Baize (M. D. or other) DO
Address LADDONIA-MO. Date signed 6/10/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1970

RECEIVED
District Health Officer No. 10
District File Number 6-41-236
Date Filed JUN 17 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clyde L. Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

**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.**