

S. No. 2
OM-2.43
v. 5-17-39
I X35697

34436

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 8 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4577

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3425 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution no (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Hanson City
(If outside city or town limits, write "RURAL")
(d) Street No. 3425 Holmes
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward F. Deterding
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 31 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 9 1946, to Oct 31 1947 that I last saw him alive on Oct 31 1947 and that death occurred on the date and hour stated above.

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased: 12 (Month) 27 (Day) 1857 (Year)

Immediate cause of death Congestive heart failure Duration 8 hours
Due to arteriosclerotic heart disease 5 years
Due to generalized arteriosclerosis 15 years

8. AGE: 89 Years 10 Months 4 Days If less than one day hr. _____ min. _____
9. Birthplace Ill (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired
11. Industry or business _____
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Miss Helen M. Kepner
(b) Address 3425 Holmes St
17. (a) Removal (b) Date thereof 10/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill.
18. (a) Signature of funeral director Steve McClure
(b) Address Hanson City, Mo
19. (a) 11-1-47 (b) Herding
(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 _____
23. Signature Herbert Shuey (M. D. or other) M. D.
Address 3903 Brooklyn Date signed 10-31-47

Dr. H. H. H. H.
Embalmers
2 P.M. 3:30 P.M.
Brooklyn
W.A. 6493

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *15. C. M. C.*

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.