No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40948

Primary Registration District No. 1000

Registrar's No. 1543

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Main 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Lorance

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George F. Lorance

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

7. Birth date of deceased October (Month) 3 (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired matron

11. Industry or business Memorial Home

FATHER
12. Name Henry Toel
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaret Egts
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant George T. Lorance
(b) Address Chappaqua, New York

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Mo.

18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.

19. (a) 1-2-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1947 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 10-29-47, 19..., to 12-27-47, 19...;
that I last saw her alive on 12-27-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Idiopathic Ulcers of Colon	2 Mo.
Due to	
Due to	
Other conditions Diverticulosis of Colon (Include pregnancy within 3 months of death)	
Major findings: Of operations 120 B	
Of autops Bilateral Pulmonary Emboli. Clot of Popliteal vein.	

PHYSICIAN
Underline the cause of 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 Geo. W. Forman (M. D. ~~or other~~)
Address 835 Charles St. Joseph Mo. Date signed 12-29-47

Jefferson City Printing Co.

(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 Wm. Gooding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 S. 10th St. Joseph, 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.