No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28942

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1012

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 1702 South 10th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan

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

(d) Street No.: 1702 South 10th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Carrie Lee Means

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Calvin D Means

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: March (Month) 17 (Day) 1900 (Year)

8. AGE: Years: 48 | Months: 10 | Days: 4 | If less than one day: ____ hr. ____ min.

9. Birthplace: Buchanan Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Dowell Noland
13. Birthplace: Buchanan Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Emma Mitchell
15. Birthplace: Buchanan Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Calvin D. Means
(b) Address: 1702 South 10th St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Agency Mo

18. (a) Signature of funeral director: H. A. Sullivan
(b) Address: Gower Mo

19. (a) 9-27-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 21 year: 1948 hour: 12 minute: a.m.

21. I hereby certify that I attended the deceased from Sept 2, 1948, to Sept 10, 1948; that I last saw him alive on Sept 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Met. Carcinoma of Brain	2 months
Due to: Carcinoma of left Breast Primary	4 yrs -
Due to:	
Other conditions (Include pregnancy within 3 months of death): 50	
Major findings: Of operations: Carcinoma rt Br. 1940	
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?
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Fred G. Vandegan (M. D. or other)
Address: 670 Francis St. Joseph, Mo. Date signed: 9/22/48

(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.....

Licensed Embalmer No.....1798.....

P. O. Address.....

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.