

FILED NOV 1 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1120

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital #2 2
(d) Length of stay: In hospital or institution 10 Days
In this community 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(d) Street No. 1441 Independence Ave 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME BETTY LENORD

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, widowed 3
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March 27 1867

8. AGE: Years 81 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Clothing

12. Name Unknown 9
13. Birthplace unknown 9
14. Maiden name Unknown 9
15. Birthplace unknown 9

16. (a) Informant Katherine Crawford

(b) Address 114 W. Huff San Antonio Texas

17. (a) Removal (b) Date thereof Oct. 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-25-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1948 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from October 13, 1948, to October 23, 1948; that I last saw her alive on October 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 6 days

Due to.....

Due to.....

Other conditions Chronic Myocarditis 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy.....

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?.....
(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 [Signature] (Physician's name)
Address State Board of Health, St. Joseph, Mo. Date signed 10/23/48

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

MOTHER FATHER

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..... *Robert H Reed*.....
Licensed Embalmer No..... *3745*.....
P. O. Address..... *19 E. 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.