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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 27 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39387

Primary Registration District No. 1000

Registrar's No. 1348

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: Life

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.: 1308 So. 41st. St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Lee Craig Everett

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 1

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 10 (Day) 1948 (Year)

8. AGE: Years: 0 Months: 0 Days: 1 If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER

12. Name: Frank Logan Everett

13. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name: Cathleen Corner

15. Birthplace: Lamarr (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Frank Logan Everett
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

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

19. (a) 12-18-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 11 year: 1948 hour: 10:40 minute: AM M.

21. I hereby certify that I attended the deceased from Dec. 11, 1948 to Dec 11, 1948 that I last saw him alive on Dec 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Malformation congenital heart. — Duration: 1 da.

Due to: Prematurity.

Due to:

Other conditions: Atelectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 69
Of autopsy: Yes, same.

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: 19

23. Signature: [illegible] (M. D. or [illegible])
Address: St Joseph, Mo Date signed: 12-13-48

(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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3956 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.