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

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 36407

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1334

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 4
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Home, 1120 Main St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 1
d. STREET ADDRESS (If rural, give location): Memorial Home 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Kate
b. (Middle): B
c. (Last): Larmer

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 3, 1949

**5. SEX**: female 1
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: Apr. 17, 1870
**9. AGE** (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**: at home
**11. BIRTHPLACE** (State or foreign country): Union Star, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Boone
**13b. MOTHER'S MAIDEN NAME**: Elizabeth
**14. NAME OF HUSBAND OR WIFE**: G. V. Larmer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Memorial Home records, St. Joseph, Mo

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Arteriosclerosis, general | ? |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Pernicious anemia | ? |
| DUE TO (c) | Hemiplegia - right | 24 hrs |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | | 4500 |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 12, 1937, *to* Dec 3, 1949, *that I last saw the deceased alive on* Dec 2, 1949, *and that death occurred at* 1:35P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): S. P. Senor M.D. 0
**23b. ADDRESS**: St. Joseph Mo
**23c. DATE SIGNED**: 12-3-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 12/5/49
**24c. NAME OF CEMETERY OR CREMATORY**: —
**24d. LOCATION** (City, town, or county) (State): Albany Mo.

**DATE REC'D BY LOCAL REG.**: Dec. 7, 1949
**REGISTRAR'S SIGNATURE**: G. C. Jenkins 382
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Keaton Bowman Funeral Home St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

Mr. Carl Elmer

## 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed William Goldberg

Licensed Embalmer No. 4535

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