

S. No. 2  
M-2-43  
7-5-17-39  
-1 X35997

*Jennings*  
State File No. 37329  
Registrar's No. 171

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:  
(a) County HENRY  
(b) City or town Weldon mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 mo  
In this community 7 mo  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Weldon  
(d) Street No. 209 Weldon St  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Dooley  
3. (b) If veteran, name war L  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 9  
year 1945 hour 4:00 minutes 5 M.  
21. I hereby certify that I attended the deceased from Nov 9  
to Nov 9 1945  
that I last saw him alive on Nov 9 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph M 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased: (Month) 2 (Day) 7 (Year) 1883

Immediate cause of death Intestinal Obstruction  
Duration 7 days

8. AGE: Years 62 Months 9 Days 2 If less than one day hr. min.

Due to Don't know  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Noble Ill  
(City, town or county) (State or foreign country)

Major findings:  
Of operations ✓  
Of autopsy 1326  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name George Eck  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M Dooley  
(b) Address Weldon mo

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 \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 11-10-45

17. (a) Burial (b) Date thereof 11-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laurel oak  
18. (a) Signature of funeral director Fred Williams  
(b) Address Weldon mo  
19. (a) 11-10-1945 (b) R. R. Kennedy  
(Date received local registrar) (Registrar's signature)

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

12  
30

RECEIVED

Form No. 7,

11-40-1174

12-6-45

Date

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**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

*Fred Wickerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton 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.**