

REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10207
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 86
(b) Township WASHINGTON Primary Registration District No. 5/27
(c) City ST. JOSEPH, MO. (d) Street No. AGENCY ROAD St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
332 MRS. NORA STATTS
2. PRINT FULL NAME
(a) Residence, No. AGENCY ROAD St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. STATTS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 1874
7. AGE YEARS 64 MONTHS 4 DAYS UNK If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AGENCY, MISSOURI
13. NAME UNKNOWN YORK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT (ADDRESS) J. STATTS, AGENCY ROAD, ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY DATE MARCH 15, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC., 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED 3-15-39 Myrtle M. Baris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 13, 1939
viewed
22. I HEREBY CERTIFY, That I attended deceased from March 13th, 1939.
I last saw h. at 6:30 A.M. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Other contributory causes of importance: Arterio sclerosis
Name of operation History Date of no
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify B.W. Tadlock - Coroner M. D. (Address) King Hill Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dist. No. 11,

District File Number 39-181

Date Filed APR 1 1950

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. 3986

P. O. Address St Joseph

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, above space should be left blank.