

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

39034
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 2
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 2820 Walnut Registered No. 1168
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME LILLIAN MAY WARE
 (a) Residence, No. 2820 Walnut 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 W.L. Ware

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th. 1873

7. AGE YEARS 66 MONTHS 1 DAYS 14 If LESS than 1 day,hrs. ormin.

OCCUPATION 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County Mo.
 13. NAME Issac Joseph Long
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

MOTHER 15. MAIDEN NAME Barbara Wheeler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT W.L. Ware
 (ADDRESS) 2820 Walnut St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeville Bem. DATE Nov. 14, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED 11-14-39 W. H. Northcutt
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th. 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to Nov. 12, 1939
 I last saw her alive on Nov. 10, 1939 Death is said to have occurred on the date stated above, at 5:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Emphysema, left foot.
Diabetes Mellitus
54
 Other contributory causes of importance:
Arteriosclerosis, chronic
Myocarditis, chronic
 Name of operation Cholecystectomy Date of Nov. 10, 1939
 What test confirmed diagnosis? Endoscopy 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 _____, 19____
 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 _____
 (Signed) Maxwell Day M. D.
 (Address) 815 214 N 7th St Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 11 1939

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 C. G. Swan

Licensed Embalmer No. 4082

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.