

No. 2
1-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34820**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1079**

RECEIVED NOV 16 1940

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution: 2602 South 19th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lottie Mae Hollen
 3. (b) If veteran, name war
 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced mar.
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased November 15 1882
 (Month) (Day) (Year)

8. AGE:			Years	Months	Days	If less than one day
			<u>57</u>	<u>10</u>	<u>25</u>	hr. min.

9. Birthplace Smithville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Marion Eversole

13. Birthplace Smithville Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Ann Wyatt

15. Birthplace Harrison County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Edward Hollen

(b) Address 2602 So. 19th

17. (a) burial (b) Date thereof October 12, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Muehler

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 10/12/40 (b) W. Muehler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2602 South 19th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 10
 year 1940 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 9,
1940, to 10-10, 1940
 that I last saw her alive on 10-9, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Coarctation

Due to _____

Other conditions 27
 (Include pregnancy within 3 months of death) 20

Major findings:
 Of operations _____
 Of autopsy no

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?
85 (Specify type of place) _____
 While at work? (or) Means of injury _____

23. Signature W. B. Rock (M. D. or other) 1
 Address Impatrick Bldg Date signed 10-11-40

Duration
10
10
10

PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 29 1944

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 *A. H. Kelly*

Licensed Embalmer No. *13946*

P. O. Address *St. Joseph, Missouri*

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.