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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41840

Registrar's No. 1282

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2948 Angelique St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 years years, months or days)

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. 2948 Angelique St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lyda T. Eld

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo. W. Eld

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept (Month) 3rd (Day) 1871 (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Plattsburg Mo (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name Levinus Transur 1
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Kerns
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Geo W Eld

(b) Address 2948 Angelique

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director J. L. Stingley

(b) Address 2925 Mitchell Ave 85

19. (a) Dec. 9, 1940 (Date received local registrar) (b) H J Hesttebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day December year 1940 hour 6 minute 50 a.M.

21. I hereby certify that I attended the deceased from April 1, 1938, to 12/6, 1940; that I last saw her alive on 12/4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	2 yrs
Due to Coronary Sclerosis with	"
Due to Aortic regurgitation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

92.0

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature E. U. Shackelford (M. D. or other) D.O.

Address 401 N. 6th St Joseph Mo. Date signed 12/7/40

(Licensed Embalmer's Statement on Reverse Side)

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. 1946

P. O. Address 2925 Mitchell Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.