S. No. 2
—1-4-41
5-17-39
PI X26330

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

49 C C

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21451

State File No.

Registration District No. 408 Primary Registration District No. 5562 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Marion Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carthage Rt. # 4 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1917

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Marion Township 4 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Carthage, Rt. # 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SYRENA DORA
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female ~~White~~
5. Color or race White /
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alvin F. Dora
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 4, 1848 (Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Cedar County (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name James E. Mc Coy
13. Birthplace Unknown (City, town, or country) Virginia / (State or foreign country)
MOTHER
14. Maiden name Sarah Mc Ferren
15. Birthplace Virginia / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. W. Ukena
(b) Address R. F. D., Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison, Carthage
19. (a) June 8, 1942 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1942 hour 3 minute 25A. M.

21. I hereby certify that I attended the deceased from May 13, 1942, to June 7, 1942; that I last saw her alive on June 6, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis with uremia	?
Due to:	
Due to:	
Other conditions: Chronic arteriosclerotic heart disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Charles H. Lahell Jr. (M. D. or other) M.D.
Address Carthage Mo. Date signed 6/8/42

1203 (Licensed Embalmer's Statement on Reverse Side)

42-6-567

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.....John L. Dennehy

Licensed Embalmer No.....4197H

P. O. Address.....Carthage 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.