

S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 1809 Beattie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 53 yrs (Specify whether 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. 1809 Beattie (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Lucy Dean Pavey
3. (b) If veteran, name war No
3. (c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 27th
year 1942 hour 9 minute A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Eli
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jon 12 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3 1941 to Aug 26 1942
that I last saw her alive on Aug 26 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 7 Days 15
If less than one day hr. min.

Immediate cause of death: Apoplexy
Duration 6 mos

9. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) §3a!

10. Usual occupation Housewife

Major findings: Of operations §3a!
Of autopsy

11. Industry or business

12. Name Lorenzo Dean

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

14. Maiden name Rhoda

15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Sample
(b) Address 1809 Beattie

17. (a) Burial (b) Date thereof Aug 28 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman & Son Inc
(b) Address 1946 Colburn
19. (a) 8-28-42 (b) Rose Heggy
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature Will W. [Signature] (M. D. or Public Health)
Address 222 Logan Park Date signed 8/27/42

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

grow
ish

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.....

~~working under my personal supervision.~~

....., Registered Apprentice No.

Signed..... *Robert H. Yaph*.....

Licensed Embalmer No. *3308*.....

P. O. Address *St Joseph, 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.