

1943  
42  
55

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1669

State File No. ....

Registration District No. ....

Primary Registration District No. 1001-1000

Registrar's No. 32

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 Mo. St. Hosp # 22  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 4 mos. 29 days  
(Specify whether  
In this community 1 yr. 4 mos. 23 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5340 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9<sup>th</sup>  
year 1943 hour 3:00 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 6, 1943 to Jan 9 1943  
that I last saw her alive on Jan 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death meningococcal meningitis  
specific  
Due to Syphilis  
Due to \_\_\_\_\_

Duration  
9 yrs.  
Unknown

Other conditions Psychosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME GEORGIA O. TEETERS

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race Wht  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Noah C. Teeters  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 23 1884  
(At birth) (Day) (Year)

8. AGE: Years 57 Months 7 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name James C Orear

13. Birthplace No record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sibylle Durrell

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

16. (a) Informant Records of Mo St Hosp # 22

(b) Address St. Joseph, Mo.

17. (a) Buried (b) Date thereof 1/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas city mo

18. (a) Signature of funeral director Sturms - McElwee

(b) Address 2225 William Place, K.C. Mo.

19. (a) 1-9-43 (b) Rose  
(Date received local registrar) (Registrar's signature)

1233 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

302

1/9/43

1-9-43

**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 *S. J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *H. C. Myo*

**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.