7. S. No. 2
0M—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 963

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 723 Prospect /
(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 64 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Prospect
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Pelletier
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F. Pelletier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 23 (Day) 1859 (Year)
8. AGE: Years 83 Months 7 Days 0 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William H. Marquis
13. Birthplace Near St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Jane Ratcliffe
15. Birthplace Va. (City, town, or county) (State or foreign country)
16. (a) Informant William H. Pelletier
(b) Address 723 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director J. F. Donnell Co.
(b) Address 3256 Broadway
19. (a) 2-24-43 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd, year 1943 hour 9th. minute 15 A.M.
21. I hereby certify that I attended the deceased from February 16, 1943, to February 22, 1943; that I last saw he alive on February 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 6 days
Due to General Arteriosclerosis
Due to Chronic Myocarditis
Other conditions 93D
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

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
23. Signature Edward C. Teichel (M. D. or other)
Address 730 Argyle Bldg KCMo Date signed Feb 24/43

(Licensed Embalmer's Statement on Reverse Side)

E.C. Teubel
Argyle Bldg.

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.