

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16878

State File No. _____
2397
Registrar's No. _____

DEAD JUN 7 1943
Registration District No. 49

Primary Registration District No. 1002

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

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 2 yrs

3. (a) PRINT FULL NAME Lucinda Countryman

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 Married

6. (b) Name of husband or wife Hufert B.

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb 12 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Wm Stout

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

14. Maiden name Mellie Thayer

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

16. (a) Informant Hoop Reynolds

(b) Address R.C. Mo.

17. (a) Removal (b) Date thereof 5/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Walter S. Brown

(b) Address St Joseph Mo.

19. (a) 5-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2404 Guinotte 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 10 minute 23 P. M.

21. I hereby certify that I attended the deceased from May 25, 1943 to May 25, 1943; that I last saw him alive on May 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death meningitis, pneumococci

Due to _____ 81a

Due to _____

Other conditions (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)

Means of injury _____

23. Signature Dwight R. Shorn (M. D. or other) _____
Address _____ Date signed _____

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(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, by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Robert H. Yapple
Licensed Embalmer No. 2308

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.