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FILED JUL 13 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21584

State File No. _____

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 45

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town GRANDVIEW (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WICKOFF CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days
(Specify whether)

In this community 27 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State _____ (b) County 14

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Loie Mabel Teeter

3. (b) If veteran, name war _____

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 Reuben Teeter

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan - 20 1887
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Lincoln, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Thomas W. Paddocks

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

14. Maiden name Mary Jane Dumbas

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

16. (a) Informant Reuben Teeter

(b) Address Blue Mound, Kansas

17. (a) Removal (b) Date thereof 6-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound, Kansas

18. (a) Signature of funeral director E. K. George's Sons

(b) Address Grandview, Mo

19. (a) June 18 48 (b) Dr. Annie E. Hedges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1948 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from April 1941
_____ 19____ to June 18 1948
that I last saw her alive on June 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical Fracture

Due to Intestinal Obstruction

Due to Carcinoma of Esophagus and Duodenum

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

Major findings: _____

Of operations _____

Of autopsy 46c

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 _____

23. Signature E. B. Wickoff (M. D. or other)

Address Grandview Mo. Date signed 6-18-48

Duration 10 days

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1152

(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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. K. George*

Licensed Embalmer No. *3645*

P. O. Address..... *Grandview, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12 100

Registration District No. 154

Primary Registration District No. 5-576

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Topeka
 (b) City or town Washington
 (c) Name of hospital or institution Wendell Chini
 (d) Length of stay: In hospital or institution 19 days
 In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 2
 (c) City or town Blue Mound
 (d) Street No. _____
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lois Mabel Tector

(b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Reuben Tector 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Jan 20 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days _____ If less than one day _____ min.

9. Birthplace Kingman, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas H. Paddock

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

14. Maiden name Mary Jane Dunbar (City, town, or county) (State or foreign country)

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

16. (a) Informant Reuben Tector

(b) Address Blue Mound Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound Kas

18. (a) Signature of funeral director E. K. George & Son

(b) Address Grandview Mo

19. (a) 6/22/43 (Date received local registrar) (b) Dr. Anne G. Hege (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 15 minute 15 M.

21. I hereby certify that I attended the deceased from _____ 19____

that I have seen him/her live on _____ 19____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Coronary thrombosis Duration 10 da

Due to Carcinoma of chest and Duodenum 2 hrs

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) (e) Means of injury _____

23. Signature E. C. Wyckoff (M. D. or other) Do

Address Grandview Mo Date signed 6/18-43

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

SUPPLEMENTARY

S-27584