U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26933

FILED SEP 4 1945

Registration District No. 42 Primary Registration District No. 1800 Registrar's No. 883

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

11
1
7

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: Stat Hospital # 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yr 6 m 12 da (Specify whether

In this community years, months or days) Weinert.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 11

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

(d) Street No. 822 S. 72 St
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oneith, ~~Weirnet,~~

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased no Hospital record (Month) (Day) (Year)

8. AGE: Years 46 Months no Hosp mand Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name no Hospital record
13. Birthplace " " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no Hospital mand
15. Birthplace " " " (City, town, or county) (State or foreign country)

16. (a) Informant Joules Ramsey

(b) Address 1819 Virginia, Joplin Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Fleemon & Son Inc

(b) Address St Joseph Mo.

19. (a) 8-18-45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1945 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from ~~Jan 1, 1945~~ Aug 17, 1945 to Aug 18, 1945 that I last saw her alive on Aug 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Aneurism

Due to Genal Paralysis of the Insane 8 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 30 P

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 E. & Hagdon (M. D. or other)

Address Stat Hosp #2 Date signed 8.18.45

1077

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1961

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 me~~

~~Registered Apprentice No.~~

working under my personal supervision.

Signed Robert L Gaple

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.