

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

311

State File No. _____
Registrar's No. 181

Registration District No. 42 Primary Registration District No. 1000

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: Mrs. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Clatsop 25
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. W 3rd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Praline Farnier Sydebotham
3. (b) If veteran, name war ✓ 3. (c) Social Security No. 2

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ed Sydebotham 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 1, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 78 1 12 hr. min.

9. Birthplace St. Joseph MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Housewife

12. Name Unknown 9

13. Birthplace Unknown ✓ 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown ✓ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. St. Mathias

(b) Address St. Joseph MO

17. (a) Burial (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, MO

18. (a) Signature of funeral director Edmund Funeral Home
(b) Address Cameron, MO

19. (a) 2-13-48 (b) C. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13
year 1948 hour _____ minute 4:30 P.M.
21. I hereby certify that I attended the deceased from Feb 7
1948, to Feb 13 1948
that I last saw her alive on Feb 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulo Nephritis
Due to Arteriosclerotic Heart
& Hypertension
Due to De-compensated
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 131B

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) (c) Means of injury _____
23. Signature Louis B. Seward (M.D.)
Address 825 Charles Street Date signed 2/17/48

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

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

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 George D. Trammell

Licensed Embalmer No. 4425

P. O. Address. 301 West 3rd

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.

Cameron, Mo