

REC'D MAR 14 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

6132

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 208  
 (c) City St. Joseph (d) Street No. 2003 Beattie St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Hannah M. Way 000  
 (a) Residence, No. 2003 Beattie St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 13, 1938, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo Way

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1938, to 2/13, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 12, 1853I last saw h. ET alive on 2/12, 1938. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 5 1 1 day, .....hrs. or .....min.

to have occurred on the date stated above, at 12.00 m. NOON.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Arterio-sclerosis  
Hypertensive heart disease  
95 B2-  
 Date of onset from 5. Dec 1927

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girard, Ill.

Other contributory causes of importance:

13. NAME L.N. Howard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ill.15. MAIDEN NAME Sarah Stead16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Eng.17. INFORMANT (ADDRESS) Mrs. E.B. DeVors  
2003 Beattie St.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Feb, 15, 193819. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer  
1302 Faraon St. St. Joseph, Mo.20. FILED 2/15, 1938 W. J. Schuch  
Local Registrar

Name of operation None Date of 2/13  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury 2/13, 1938

Where did injury occur? Home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None

(Signed) W. J. Schuch, M. D.  
 (Address) Phys. & Surg. Bldg., St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wilbur A. Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Wilbur A. Kelly  
Licensed Embalmer No. Mo. 3946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**