REC'D APR 14 1938

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

10153
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 291
(d) Street No. St. Joseph's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence E. Wieland 453
(a) Residence, No. 607 South 8th St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clark L. Wieland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James F. Myers
14. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Elizabeth Fetters
16. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Mo.

17. INFORMANT Clark L. Wieland
(ADDRESS) 607 S. 8th St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE March 10, 1938

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 3/10 1938 [illegible]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Mar 8 1938
Last saw h... alive on Mar 7 1938. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
C45T -	
Type Adeno-carcinoma of the ovary	
from	
ovaries	
49 -	

Other contributory causes of importance:

General Abdominal Carcinomatosis - Abd. - Car. - Metastasis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John E. Bryan, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Tyson

STATEMENT BY LICENSED EMBALMER

I, Earl A Clark, Licensed Embalmer No. 3476

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

Earl A Clark

No. 3476 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

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