

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. State Hospital #2 St. Ward)

Registration District No. 85

Primary Registration District No. 100

File No. 42406

Registered No. 1286

2. FULL NAME

(a) Residence, No. Marceline, Mo. St. Ward. Marcelline No
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. F. Rooney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31, 1875</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saleswoman</u>	
	9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>John W. Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Records, State Hosp St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Plata Mo</u>	DATE <u>12/27/38</u>	
19. UNDERTAKER (ADDRESS) <u>Walter Meierhoffer 1302 Caravan</u>		
20. FILED <u>12/21/38</u>	<u>W. H. Hutchins Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Dec 21, 1938

I last saw her alive on Dec 21, 1938. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Adeno-Carcinoma of Uterus 1938
Date of onset

Other contributory causes of importance:

Cardio-Vascular-renal disease, with myocardial failure

Name of operation none Date of

What test confirmed diagnosis? clinical 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, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. E. Miller M. D.

(Address) State Hospital #2 St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

2047-2-19-35 I X7284

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.

STATEMENT BY LICENSED EMBALMER

I, John C. Anderson Licensed Embalmer No. 4056

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____, Registered Apprentice No. _____

(Signed) John C. Anderson
Licensed Embalmer No. 4056

NOTE: This certificate MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting.
(Failure to comply with this regulation constitutes grounds for revocation of license.)