

REC'D FEB 21 1939

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

1615  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 13  
 (c) City Saint Joseph (d) Street No. Saint Joseph Hospital St.  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Josephine McCready

(a) Residence, No. 608 South 10th Street 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

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 Mr. Clyde McCready  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1890  
 7. AGE YEARS 48 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Worker W.P.A.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sewing Room  
 10. Date deceased last worked at this occupation (month and year) December 1938 11. Total time (years) spent in this occupation 3yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

FATHER 13. NAME UNKNOWN Wirmer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

MOTHER 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT Clyde McCready  
 (ADDRESS) 608 South 10th Street

18. BURIAL CREMATION, OR REMOVAL PLACE St. Charles DATE Jan. 7, 1939

19. FUNERAL DIRECTOR E. R. SIDENFADEN FUNERAL HOME  
 (ADDRESS) 602 South 10th Street

20. FILED Jan 6 39 St. Joseph Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 5, 1939.  
 I last saw her alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 2:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

General peritonitis Dec 30-38  
5 1/2

Other contributory causes of importance:  
Chronic tonsillitis

Name of operation Hysterectomy Date of Dec 29, 38  
 What test confirmed diagnosis? Microscopic 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  
 (Signed) John J. [Signature], M. D.  
 (Address) Corby Bldg. St. Joseph Mo

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.

*Handwritten notes and scribbles in the top right corner.*

**STATEMENT BY LICENSED EMBALMER**

I, Theron O. Smith, Licensed Embalmer No. 3928

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

and

No. \_\_\_\_\_ or by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed

*Theron O. Smith*

Licensed Embalmer No. 3928

**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.)**