

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

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.

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

39045
Do not use this space.

RECORDED DEC 11 1939

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85

1179

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 1001
 (b) Township..... Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1203 Joseph Street 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mrs. Ella Paris
 (a) Residence, No. 1203 Joseph 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF James Paris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 5
 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) 1938 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa
 FATHER 13. NAME James Harper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia
 MOTHER 15. MAIDEN NAME Pheby Wess
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia
 17. INFORMANT (ADDRESS) Mrs. Ida Elder, 1203 Joseph Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Ceme DATE Nov. 17th 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. R. Sidenfaden E. Home 602 South 10th Street
 20. FILED Nov 16 1939 H. J. Nettlebusch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15 1939
 22. I HEREBY CERTIFY That I attended deceased from August 10 1939 to Nov. 15 1939
 I last saw her alive on Nov. 15 1939. Death is said to have occurred on the date stated above, at 9:05 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertensive arteriosclerosis
cardio-vascular disease
Cerebral Hemorrhage
 Date of onset 11/15/39
 Other contributory causes of importance:
None
 Name of operation None Date of 8/10/39
 What test confirmed diagnosis Clinical 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) E. R. Sidenfaden M. D.
 (Address) 6207 King Hill Ave. St. Joseph, Mo.

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.....

..... Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed.....

R. V. Kerst

Licensed Embalmer No. 3876

P. O. Address. St. Joseph Mo.

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, above space should be left blank.