

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan FILED FEB 22 1940
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARY E. HADLEY 340

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G. M. Hadley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25th, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Nodaway County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm. Cardwell

13. Birthplace Iowa City Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Robertson

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. C. Chittim

(b) Address 2318 Bartlett St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FIFEMAN & SON, INC.

(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Jan 22 1940 (b) H. J. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2012 Mitchell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th.
year 1940 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from JAN. 19,
1940 to JAN. 20, 1940;
that I last saw her alive on JAN. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE PURULENT MENINGITIS.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: TOXIC DEGENERATION OF VISCERAL ORGANS
Of autopsy OF THE MEDIA BILATERAL

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. L. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.