No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34848

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1114

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 911 Duncan St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 74 years
years, months or days)

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. 911 Duncan St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Sadie Litz
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December 11th, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation housewife 5
11. Industry or business home 5
FATHER
12. Name Bartlett Fahey
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Kelly
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Bartlett Fahey
(b) Address 911 Duncan
17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St 85
19. (a) 10/21/40 (b) H J Mistlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1940 hour 1 minute 15 A M.
21. I hereby certify that I attended the deceased from 9/15 - 1940
10-19, 1940, to ....., 19....;
that I last saw her alive on 10/19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis
Hg pertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
unknown
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Emmett F. Cook (M. D. or other)
Address P. Hyp & Surg Bldg ST. JOSEPH Date signed 10/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252 working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph Mo.

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

If this body is not embalmed, fact should be so stated above.