No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41829

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1269

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: 1324 N.4th. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1324 N. 4th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME LAURA JANE WIDICK

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 Widowed

6. (b) Name of husband or wife Charles A. Widick

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased July (Month) 26th. (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Topeka (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Housewife 0

11. Industry or business home

FATHER
12. Name Caplain Johnathan Smith 0
13. Birthplace Buchanan County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Christine Ferrel
15. Birthplace Buchanan County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John A. Widick
(b) Address 1324 N.4th. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 5 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.

19. (a) Dec 5-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 2, 19 40 to Dec 2, 19 40 that I last saw her alive on Dec 2, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromb — Duration 12/2/40
Due to arterio Sclr. gen — —
Due to Ch Endocrd. — —
Other conditions (Include pregnancy within 3 months of death) 40 N
Major findings:
Of operations
Of autopsy No

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) No
(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~~ 85
(e) Means of injury

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

## 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 Geo C. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph

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

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