

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1334

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: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 da. (Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME MUCIEL FINE

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 Samuel Fine

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>Est.</u>	<u>66</u>	<u>?</u>	<u>?</u>	<u> </u> hr. <u> </u> min.

9. Birthplace UNKNOWN RUSSIA
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER

12. Name BEARATH JOHNSON

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

14. Maiden name JARAH UNHARLOW

15. Birthplace UNKNOWN RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant JARAH FINE

(b) Address 2234 S. 10th St JOSEPH

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem Cemetery

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

(b) Address St. Joseph, Mo.

19. (a) 12-19-1940 (b) H. G. Neathbush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2234 S. 10th.
(If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th.
year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 22, 1940 to Dec. 18, 1940,
that I last saw her alive on Dec. 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstructive Jaundice 2 wks

Due to Carcinoma of Liver + Gall Bladder 6 wks

Due to N. M. D. H/D

Other conditions Gall Stones
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of Liver + Gall Bladder - gall stones

Of operations

Of autopsy none

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?

85 (Specify type of place)
While at work? (c) Means of injury

23. Signature H. G. Neathbush (M. D. or other)

Address 825 Charles St. Joseph, Mo. Date signed 12/19/40

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

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.....

Body not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.