FILED FEB 14 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1855

Registration District No. 8 Primary Registration District No. 100 Registrar's No. 85

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 725 South 9th Street (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: Since 1932

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 725 South 9th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Mrs. Ellen Smith Filer
3. (b) If veteran, name war: —
3. (c) Social Security No.: NONE
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Filer
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: January (Month) 25 (Day) 1900 (Year)
8. AGE: Years 40 Months 11 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace: Oregon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (FATHER): Daniel Foster
13. Birthplace: UNknown (City, town, or county) Kentuckey (State or foreign country)
14. Maiden name (MOTHER): Anna Smith
15. Birthplace: UNKNOWN (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Miss. Virginia Smith
(b) Address: 725 South 9th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: I. O. OF Cemetery Craig Mo
18. (a) Signature of funeral director: Mrs. E. R. Sidenfaden & Home
(b) Address: 602 South 10th Street
19. (a) 1/19/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 11 PM minute 00 PM.
21. I hereby certify that I attended the deceased from Sept 1938 to Jan 17 1941 that I last saw her alive on Jan 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Cervix & Uterus with general metastasis — Duration: 3 years
Due to: Diabetes due to metastasis — Duration: 6 months
Due to:
Other conditions (Include pregnancy within 3 months of death): 4 8
Major findings: Of operations: Biopsy
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):
(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: Charles H. Horner (M. D. or other) D
Address: 221 Kerkhoff-Muehlebach Bldg. Date signed: Jan 18 1941
ST. JOSEPH

(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

Mollie E. Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed R. V. Wenst

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.