S. No. 2
I—4-13-40
v. 5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10160

FILED APR 15 1941 85

Registration District No. 1

Primary Registration District No. 1001

Registrar's No. 362

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

11
1
7

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 St Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether

In this community 55 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. R F D #5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Ford

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 Harry

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

7. Birth date of deceased August (Month) 22 (Day) 1885 (Year)

8. AGE: Years 55 Months 7 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Matthew Toohey
13. Birthplace Brooklyn (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Agnes Miller
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant James Toohey

(b) Address 820 Locust St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Leary Barry Funeral Home

(b) Address 218 S 10th St St Joseph Mo

19. (a) 3/31/41 (Date received local registrar) (b) H J Mittelbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 22, 1941, to March 28, 1941 that I last saw her alive on March 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Tabes Dorsalis Unknown

Due to Syphilis 30 Y

Due to

Other conditions Cystitis, Fibroid Uterus (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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? 95 (Specify type of place)

While at work? (e) Means of injury

23. Signature Guy Redmond (M. D. or other) M.D.

Address St Joseph Mo Date signed 3-29-41

(Licensed Embalmer's Statement on Reverse Side) KIRKPATRICK BLDG.

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address St. Joseph, Mo

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.