

2
3-40
7-39
X231

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
 (a) County Buckanan County
 (b) City or town St. Joseph Mo. 923 Palmetto
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
(If not hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 days
(Specify whether
 In this community 36 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 113
 (a) State Missouri (b) County Worth 1
 (c) City or town Grant City 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Chelsa Wells Mrs.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 3
 year 1941 hour 2 minute 30 A.M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Apr 28, 1941 to June 3, 1941;
 that I last saw her alive on June 2, 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed
 6. (b) Name of husband or wife Mr. Forrest 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Nov 2 1897
(Month) (Day) (Year)

Immediate cause of death
Hypostatic pneumonia 2 day
Dehydration - loss fluids
 Due to from fecal fistula -
distention bowel.
 Due to Stomach - 5 hr
pelvic peritonitis
 Other conditions
(Include pregnancy within 3 months of death)
Fibroid uterus
 Major findings: pyometra
pelvic abscess.
 Of autopsy no

8. AGE: ~~43~~ Years 43 Months 7 Days 1 hr. _____ min
 If less than one day

9. Birthplace Grant City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Mr. Samuel Simpson

13. Birthplace Wesley Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Carra A. Hakeman

15. Birthplace Jefferson, W. Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. V. Simpson

(b) Address 331 Highland Ave San Bernado

17. (a) Removal (b) Date thereof June 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City

18. (a) Signature of funeral director John Anderson

(b) Address Grant City Mo.

19. (a) June 3 1941 (b) H. H. Westfall
Date received local registrar (Registrar's signature)

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?
45
(Specify type of place) (e) Means of injury
 23. Signature H. S. Conrad (M. D. or other) M.D.
 Address St. Joseph Mo. Date signed 6-7-41

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

MOTHER FATHER

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.....

Licensed Embalmer No. 3285

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.