

JUL 10 1941

85

Primary Registration District No. **1001**

Registrar's No. **533**

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

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:
1724 Concord
(If not in hospital or institution, write street number or location)

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

In this community 32 yrs
years, months or days)

3. (a) PRINT FULL NAME Mattie - S - Dinsmore

3. (b) If veteran, name war No

3. (c) Social Security No. N.O.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas C Dinsmore

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

7. Birth date of deceased: July 16 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 3 If less than one day
hr. _____ min.

9. Birthplace WAYNE - Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Martin Forsha

13. Birthplace unk 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J Spaulding

(b) Address 724 Concord St.

17. (a) Burial (b) Date thereof June 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem

18. (a) Signature of funeral director Roy Stanley

(b) Address St Joseph, Mo.

19. (a) June 20 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 724 Concord 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 18
1941, to June 19, 1941;
that I last saw her alive on June 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch Nephritis Duration 4 mo

Due to Senility

Due to _____

Other conditions l
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: l

Of operations _____

Of autopsy rw

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? l

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. B. Kearley M.D. (M. D. or other) J.M.D.

Address St Joseph Mo Date signed 6-20-41

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.....

June 19, 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John F. Hurley

Licensed Embalmer No. *4050*

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.