

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1941 85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Leon Nurseing home 624 Prospect
(d) Length of stay: In hospital or institution 4 2 1/2 years
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 624 Prospect
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1941 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Dec 14 1940 to August 14 1941
that I last saw her alive on Aug. 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Due to: unknown

Due to: Chronic Myocarditis
Other conditions: _____
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature: [Signature] (M. D. or other) _____
Address: 218 W 7th St Date signed: 8/24/41

3. (a) PRINT FULL NAME Daisy L. Mack

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, widowed

6. (b) Name of husband or wife: Walter L. Mack 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 14 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace: unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business _____

12. Name: George O. Toliver

13. Birthplace: Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Shipley

15. Birthplace: Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Owen Babcock

(b) Address: Agency mo

17. (a) [Signature] (b) Date thereof: Sept 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Joseph Mem Pk Cem

18. (a) Signature of funeral director: Heaton-BeGale & Bowman

(b) Address: St. Joseph, Mo.

19. (a) 8/31/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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.....

8/30/41

....., Registered Apprentice No. *✓*

working under my personal supervision.

Signed

Harold Bowma

Licensed Embalmer No. *3619*

P. O. Address *St. Joseph*

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.