

Registration District No. **03**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 Ridenbaugh St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **Lifetime** 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. **912 Ridenbaugh St.** /
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4th**
year **1941** hour **8** minute **10** P. M.
21. I hereby certify that I attended the deceased from **Oct 8**
19**41** to **Nov 4** 19**41**
that I last saw her alive on **Nov 4** 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Wound** Duration _____

3. (a) PRINT FULL NAME **Anna Elizabeth Traynor**

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 **Widowed**
6. (b) Name of husband or wife **M. Joseph Traynor** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **July 9 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **25** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Finley**
13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Johanna McMahan**
15. Birthplace **Hartford Conn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss. Josephine F. Traynor**

(b) Address **912 Ridenbaugh St. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 7, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Shirley W. Schuchman**
(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Nov 6, 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Due to **car accident**
Due to _____
Other conditions **fracture left hip**
(Include pregnancy within 3 months of death)
Major findings: Of operations **186a**
Of autopsy **14**
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) **accident**
(b) Date of occurrence **Oct 7 - 41 / 31**
(c) Where did injury occur? **St. Joseph Buchanan Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury **fall**
23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **301 N. 8th St. St. Joseph, Mo.** Date signed **Nov 8 - 41**

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

NOV 17 1941

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 Albert D. Harrington

Licensed Embalmer No. 3258

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.