

FILLED NOV 14 1941

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH

(a) County BUCHANAN
(b) City or town ST. JOSEPH *City*
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 11
(c) City or town Mayview - Bethel 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1941 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 10-13 1941, to 10-29 1941;
that I last saw her alive on 10-29 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 9da
Due to Cardiac De-compensation
Due to Arteriosclerotic Heart Disease
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 107
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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?

While at work? (Specify type of place) (or) Means of injury
23. Signature David Edwards (M.D. or other) M.D.
Address St. Joseph Mo Date signed 10-30-41

3. (a) PRINT FULL NAME HENRIETTA LEE Pool

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased unknown about 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months ? Days ? If less than one day — hr. — min.

9. Birthplace Lafayette County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housemaid

11. Industry or business

12. Name Epheerim Pool

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

14. Maiden name Maryetta Norton

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

16. (a) Informant Stephen Pool (Stephen)

(b) Address Mayview Mo

17. (a) Removal (b) Date thereof 10/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director W. H. Hader

(b) Address Higginsville, Mo.

19. (a) 10/30/41 (b) D. J. ...
(Date received local registrar) (Registrar's signature)

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 *A. H. Hader*.....

Licensed Embalmer No.

P. O. Address *Higginsville, 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.