

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37861

State File No. _____

Registrar's No. **1107**

RECEIVED DEC 10 1941
Registration District No. _____

Primary Registration District No. **1001**

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:
St. Joseph's Hospital **U**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary J. Slater**
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 **Married**
6. (b) Name of husband or wife **Pembroke Slater**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **March 25, 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **22**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John D. Wilmot**
13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Sheehy**
15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Pembroke Slater**

(b) Address **1205 Lincoln St. St. Joseph, Mo**

17. (a) **Burial** (b) Date thereof **Nov. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Herward W. Sedwifan**

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Nov 18, 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** /
(If outside city or town limits, write "RURAL") >
(d) Street No. **1205 Lincoln Street**
(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 **17**
year **1941** hour **2** minute **45** A. M.

21. I hereby certify that I attended the deceased from **12-11-41**
..... 19..... to **11-16-** 19**41**;
that I last saw h. **er** alive on **11-16-** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **abd. peritonitis** Duration **1 mo**

Due to **Gangrenous ruptured appendix** 1 mo

Due to **Gen. Sepsis** 1 wk

Other conditions **Myocardial failure**
(Include pregnancy within 6 months of death)

Ch. Myocarditis
Major findings: **Old appendiceal abscess, Gangrene bowel Ruptured Peritonitis**
Of autopsies **1**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **M. E. Gunders** (M. D. or other) **M. D.**

Address **105 N. 1st St. Bldg.** Date signed **11-17-41**

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

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

Olson E. Hodges

Licensed Embalmer No. *2729*

P. O. Address

*1802 Union St
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.