S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41393

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1190

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, Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community 3 months 11 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. 3502 Sacramento, Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Karen Jane Mortimer
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 31 (Day) 1941 (Year)

8. AGE: Years 0 Months 3 Days 11 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Roy Mortimer
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Josephine Pipes
15. Birthplace Rigor (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Roy Mortimer
(b) Address 3502 Sacramento St. St. Jos. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ 13/ 41. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.
19. (a) Dec. 13 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1941 hour 7 minute 40 A. M.
21. I hereby certify that I attended the deceased from Nov. 29-41 to Dec. 12 1941 and that I last saw her alive on 12-12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 wk.
Due to	
Due to	
Other conditions Acute Tracheo-Bronchitis (Include pregnancy within 3 months of death)	2 wks.

Major findings:
Of operations —
Of autopsy —

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) No.
Address Kirkpatrick Bldg. St. Joseph Date signed 12/22/41 Missouri.

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(Licensed Embalmer's Statement on Reverse Side)

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 Oby J Ester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.