

FILLED FEB 10 1942

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: Mo. Meth. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 40 years 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. 607 South 11th (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace P. Near

3. (b) If veteran, name war No 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 Roy W. Near 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 1 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lewis Geren
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Parish
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Roy W. Near
(b) Address 607 So 11th

17. (a) Burial (b) Date thereof Jan 10 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation meaderville, Mo.

18. (a) Signature of funeral director Fleeman
(b) Address St Joseph, Missouri

19. (a) 1/9/42 (b) A. J. Heath (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Jan 8 1942 that I last saw her alive on Jan 07 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Status Bronchial Asthma Duration 3 days
Due to Rheumatic Heart Disease Several months
Due to Chronic Myocarditis Several months

Other conditions _____ (Includes pregnancy within 3 months of death)
Major findings: no operation 95%
Of autopsy no autopsy
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) Means of injury _____
23. Signature Gordon Wright (M. D. or other) MD
Address 845 So 19th St. St Joseph, Mo Date signed 1/9/42

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

1
1
9

Wright.
845 S. 192h

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 Me

1-8-42, Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address 5X Jasper 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.