No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5935

Registrar's No. 150

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: 1413 South 10th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 80 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. 1413 South 10th. Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Rose Firestine

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) 22 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	20	hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Geo. Kiley

(b) Address 1411 So. 10th. St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-1942. (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St. St. Joseph, Missouri.

19. (a) 2/14/42 (Date received local registrar) (b) H J Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1942, to Jan 15, 1942; that I last saw her alive on Jan 15, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	—
Due to	
Due to	
Other conditions Phlebitis rt. leg- (Include pregnancy within 3 months of death)	Jan 15/42

Major findings:
Of operations
Of autopsy None

938

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 0

23. Signature Frank Hankeyan (M. D. or other)

Address St. Joseph, Missouri. Date signed 2/23/42

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(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1942

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 Jester

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.