

1. No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5956

FILED MAR 11 1942

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5016 1/2 King Hill Avenue,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 53 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 5016 1/2 King Hill Avenue,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Lucy Margaret Ketcherside,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th.
year 1942 hour 3:00 minute 45 PM.

4. Sex Female/ 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife William F. Ketcherside, 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from 1-36 1942 to 2-18 1942
that I last saw him alive on 2-18 and that death occurred on the date and hour stated above.

Immediate cause of death Softening of Brain

7. Birth date of deceased April 12th. 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>12</u>	hr. <u>1</u> min.

Due to arteriosclerosis 15 yr.

Due to Hypertention 0 yr.

9. Birthplace Warren County, Missouri, U
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

Other conditions (Include pregnancy within 3 months of death) 830

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Jackson Cook, 9

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

14. Maiden name Mary Ann Smith,

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

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN 830

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. L. Magan

(b) Address 5016 1/2 King Hill Avenue,

17. (a) Burial (b) Date thereof 2/26/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... No

(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?.....

18. (a) Signature of funeral director Heaton B. B. Bowman

(b) Address 319 So. 10th Street, Home

19. (a) Feb 26, 1942 (b) J. B. B. B. B.
(Date received local registrar) (Registrar's signature)

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

23. Signature Thomas Redmond or other M.D.
Address 328 N. Kirkpatrick Date signed 2-25-42

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 2-24-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Wm E Summerfield

Licensed Embalmer No.

3007

P. O. Address

3195 17th St. Norfolk Va

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.