

FILED APR 2 1945
Registration District No. _____

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 1519 Edmond Street
(d) Length of stay: In hospital or institution Not.
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph.
(d) Street No. 1519 Edmond Street
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Ariadne Lewis Attrill
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14th.
year 1942 hour 12 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James B. Attrill 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased October 30 1859

21. I hereby certify that I attended the deceased from June 19, 1937, to March 12, 1942
that I last saw her alive on March 11, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 4 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 2 days

9. Birthplace Crystal Springs Mississippi

Due to Arterio-sclerosis general (P)
Due to Diabetes mellitus & Nephritis (P)

10. Usual occupation Home

Other conditions None
Major findings: 61

11. Industry or business _____

Physician _____

12. Name A. A. Lewis

Of operations _____

13. Birthplace Unknown North Carolina

Of autopsy _____

14. Maiden name Emiley Price

15. Birthplace Unknown North Carolina

16. (a) Informant O. St. Hopkins
(b) Address 1519 Edmond St., St. Joseph, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 3-16-1942

(b) Date of occurrence _____

(c) Place: burial or cremation Memorial Park Cemetery

(c) Where did injury occur? _____

18. (a) Signature of funeral director Halter Weisshoff

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 13th. & Faraor Sts. St. Joseph, Mo.

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

19. (a) 3/16/42 (b) [Signature]

23. Signature [Signature] (M. D. or other) MD

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.