DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10317 47 3

Primary Registration District No. 1001

Registrar's No. 356

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

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: Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)

In this community: 42 years

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.: 2228 Agency Rd.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Mary E Row

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: Edward Row

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb (Month) 27 (Day) 1878 (Year)

8. AGE: Years 64 Months 1 Days 6 If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Edward Fairbanks
13. Birthplace: Peterburg (City, town, or county) Newhampshire (State or foreign country)

MOTHER
14. Maiden name: Lucile Campbell
15. Birthplace: (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Mendell Row

(b) Address: St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 6 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Fleming Funeral Home

(b) Address: St Joseph, Mo.

19. (a) 4/6/42 (Date received local registrar) (b) Rose Heyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 5th year: 1942 hour: 5 minute: 30 P.M.

21. I hereby certify that I attended the deceased from March 26, 1942 to April 3, 1942 that I last saw her alive on April 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to: Hemiplegia

Due to:

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

Major findings: Of operations:

Of 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Dr. T. C. McVey (M.D. or Coroner)

Address: 3116 Summit Ave Date signed: 4/8/42

1233 (Licensed Embalmer's Statement on Reverse Side)

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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.....

April 3 42, Registered Apprentice No.....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

V. S. No. 2B
10M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10 817

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

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

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: (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

2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (c) City or town (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Mary E. Row

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive Years

7. Birth date of deceased Feb 27 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day 3 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic Pneumonia
Due to
Due to Bronchial Pneumonia
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of 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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (c) Means of injury

23. Signature Dr T. C. McVey (M.D. or other)
Address 3116 Summitdale Date signed 5/6/42

SUPPLEMENTARY

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