

S. No. 2
M-1-4-41
7-5-17-39
X28390

10323

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 N. 11th St.
Mrs. Grace M. Ball Nursing Home, 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 6 mos.
(Specify whether years, months or days)
In this community 41 years, 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 011
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1208 South 6th Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Caroline Schoolcraft,

3. (b) If veteran, name war None, 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Luke Schoolcraft,
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29th, 1858,
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Hotel Keeper,

11. Industry or business Schoolcraft Hotel,

12. Name William Haber,

13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Zimmerman,

15. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Haber

(b) Address 301 South 10th Street,

17. (a) Burial (b) Date thereof 3/21/42,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery,

18. (a) Signature of funeral director Horton Beale Bowman

(b) Address 310 South 10th Street, St. Joseph

19. (a) March 20, 1942 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th.
year 1942 hour 9:00 minute 20 PM.

21. I hereby certify that I attended the deceased from on
Mar 19th 1942 to _____, 19____;
that I last saw alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Dementia Cerebral Hemorrhage
Due to _____

Due to General Arteriosclerosis

Other conditions: 9301
(Includes pregnancy within 3 months of death)
Woman died following a stroke of apoplexy.

Major findings: Mar 14th without regaining consciousness
Of autopsy NO CONSCIOUSNESS

Duration
3 yrs
5 days

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) (e) Means of injury Coroner

23. Signature H. F. Mundy (M. D. or other) Coroner
Address 404 So 3rd St. ST. JOSEPH, MO. Date signed 3/20/42

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

011
1
7

Handwritten initials

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 3-19-47

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 South Joseph St

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.