

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 20 1942
85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 656

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo
(c) Name of hospital or institution:
422 North 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 422 North 6th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline McMahon Riche

3. (b) If veteran, name war no 3. (c) Social Security No. 491-09-6690

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 27, 1889 (Month) (Day) (Year)

8. AGE: 52 Years 11 Months 4 Days If less than one day hr. min.

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

MOTHER FATHER
10. Usual occupation seamstress
11. Industry or business Big Smith Overall Co
12. Name Adam Zimmerman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Byer Germany
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William Riche (b) Address 422 North 6th St

17. (a) Burial (b) Date thereof 7-4, 1942 (c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home (b) Address 218 South 10th St

19. (a) 7-4-42 (b) Rose Herzog (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 10 #1 to July 1, 1942 that I last saw him alive on July 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the colon

Due to _____
Due to _____
Other conditions: HB (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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? Home

23. Signature: (M. D. or other) Date signed 7-3-42

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

1233

JUL 28 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 Victor J. Barry.....

Licensed Embalmer No. 4212.....

P. O. Address St. Joseph Mo......

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.