

FILED AUG 13 1942

Registration District No. _____

Primary Registration District No. 1000

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: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 hrs.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buch.
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2405 Charles Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1942 hour 9 minute 27 A.

21. I hereby certify that I attended the deceased from Aug. 5, 1942 to Aug. 6, 1942
that I last saw him/her alive on Aug. 6, 6:27 P.M., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Duration

Due to _____

Due to _____

Other conditions 161a
(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? _____

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

23. Signature Dwight W. Cary (M. D. or other) MD
Address _____ Date signed _____

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

8. (a) PRINT FULL NAME Linda Kay Eblen
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 9 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name: George Clarence Eblen

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

14. Maiden name Mary Irene McElroy

15. Birthplace Cedar Springs, Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Eblen

(b) Address 2405 Charles

17. (a) Burial (b) Date thereof 8-7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park Cemetery
St. Joseph, Missouri

18. (a) Signature of funeral director Shirley McElroy

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

19. (a) Aug 7 1942 (b) Rose Nagoy
(Date received local registrar) (Registrar's signature)

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.....

..... **Not Embalmed**, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Geo E Daniel*

..... Licensed Embalmer No..... **3300 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, above space should be left blank.