

FILED AUG 13 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 721

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:  
12920 Penn St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Buchanan (b) County Mo  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2920 Penn (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY-LEWIS  
 (b) If veteran, name war no  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 16 year 1942 hour 1:15 minute P M.  
 21. I hereby certify that I attended the deceased from 5-18-42 19 to 6-25-42 19  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wht  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Francis W. 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased July 18 1883 (Month) (Day) (Year)

Immediate cause of death Ch. myocardia Duration 6 hrs

8. AGE: Years 58 Months 11 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Thyro carcinoma 1 yr

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

Due to psychosis toxic 6 mo

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: 93d

MOTHER FATHER { 12. Name Mrs. M

Of operations \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

14. Maiden name M

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

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Theodore Lewis

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(b) Address and Okla

(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? \_\_\_\_\_

17. (a) burial (b) Date thereof July 20 1942 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Wood Cem

(e) Means of injury \_\_\_\_\_ (Specify type of place)

18. (a) Signature of funeral director Ray Stacey

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

(b) Address St. Joseph Mo

23. Signature W. G. G... (M. D. or other) \_\_\_\_\_

19. (a) 7-20-42 (Date received local registrar) (b) W. G. G... (Registrar's signature)

Address St. Joseph Mo Date signed 7-27

*Dr. Inman*

2-3819

**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..... *John Roy Slawey*.....  
Licensed Embalmer No..... *2435*.....  
P. O. Address..... *St Joseph 744*.....

**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.**