

FILED AUG 13 1942

Registration District No.

Primary Registration District No. 1001

Registrar's No.

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:
2809 St. Joseph Ave. Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
(Specify whether
 In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Buchanan //
 (a) State Missouri (b) County
 (c) City or town Saint Joseph //
(If outside city or town limits, write "RURAL")
 (d) Street No. 2809 St. Joseph Ave.
NO rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mrs. Mary Means
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Unknown
 (c) Age of husband or wife if alive 12 years
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
 12. Name Unknown Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant A. M. Hutton
 (b) Address 601 Filmore Street

17. (a) Removal (b) Date thereof July 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale, Missouri

18. (a) Signature of funeral director W. E. R. Sidenfaden
 (b) Address 602 South 10th Street

19. (a) 7-30-42 (b) Rae Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 30
 year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 5 1942 to July 30 1942
 that I last saw him alive on July 29 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 4 wks.
 Due to Arterio-sclerotic cardio-vascular renal disease

Due to Senility

Other conditions 12/a
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations
 Of autopsy none

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

23. Signature B. Grant (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 7-30-42

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

MOTHER FATHER

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 Mollie E. Sidenfaden

Licensed Embalmer No. 4235

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.