S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26731

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 844

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: 2215 Penn Street, / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 55 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri, (b) County Buchanan 1

(c) City or town Saint Joseph, 7 (If outside city or town limits, write "RURAL")

(d) Street No. 2215 Penn Street, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie F. McNamara

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, 3 divorced Divorced,

6. (b) Name of husband or wife James B. McNamara,

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 6th. 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	6	25	hr. min.

9. Birthplace Litchfield, Illinois, / (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Isaac Humphrey,
13. Birthplace Unknown, Scotland, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melbra White
15. Birthplace Unknown, Illinois, / (City, town, or county) (State or foreign country)

16. (a) Informant Rose McNamara

(b) Address 2215 Penn Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blakeley Cemetery

18. (a) Signature of funeral director Heaton-Bryant & Bowman-Tunnel

(b) Address 319 So. 10th. Street, Home

19. (a) 9-2-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st. year 1942 hour 8:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug-31st 1942 to Aug 31st 1942 that I last saw her alive on Aug 31st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	few minutes
Due to Cerebral arteriosclerosis	(?)
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 301 P.O. Bldg St. Joseph Mo Date signed 9-2-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.