

FILE AUG 28 1942

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 787

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:
421 North 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 421 North 7th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary J. McPhee

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased August 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>111</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Danill McGinty

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

14. Maiden name Anne Trainer

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

16. (a) Informant Miss Anna McPhee

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof Aug 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mp. Olivett Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph, Missouri

19. (a) 8-11-42 (b) Rose Hegog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1942 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. e. r. alive on August 8, 1942
and that death occurred on the date and hour stated above

Immediate cause of death Coronary occlusion caused by arteriosclerosis
Duration 8 hrs

Due to Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature John J. Dymc (M. D. or other) M.H.

Address St. Joseph, Mo Date signed 8-10-42

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

11
1
7

SEP 10 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

John A. Hurley

Licensed Embalmer No. *14050*

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.