. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29814

FILED OCT 13 1942

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 8834

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: 607 North 12th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: 5 years 8 months 10 days
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.: 607 North 12th. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Glenda Cleo Carrel
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: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 24 (Day) 1936 (Year)

8. AGE: Years 5 Months 8 Days 10 If less than one day hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: John L. Carrel
13. Birthplace: Dekalb County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Catherine Pennington
15. Birthplace: Holden (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: John L. Carrel
(b) Address: 607 No. 12th. St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 - 5 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery St. Joseph, Mo.
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.
19. (a) 9-5-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th. year 1942 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from July, 1941, to Sept 4, 1942, that I last saw her alive on Sept 3, 1942, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic nephritis with edema | 14 mos |
| Due to: | |
| Due to: | |
| Other conditions: General Ascites (Include pregnancy within 3 months of death) | 14 mos |

Major findings:
Of operations:
Of autopsy: 131 f

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E. Logan Moore (M. D. or other)
Address: St. Joseph Mo Date signed: 9/4/42

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 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, fact should be so stated above.**