

FILED OCT. 23 1942

Registration District No. 72

Primary Registration District No. 1000

State File No. \_\_\_\_\_

Registrar's No. 978

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether)  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan  
(c) City or town St. Joseph MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1123 Magnolia  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. O

3. (a) PRINT FULL NAME MARY-T. HALLOLAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife. Harold E. 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased March 19 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 28 If less than one day hr. min.

9. Birthplace St. Joseph MO (City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Rudolph Rose

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

14. Maiden name Trause Bohm

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

16. (a) Informant H. T. Hallolan

(b) Address Industrial city, MO

17. (a) Burial, cremation, or removal (b) Date thereof Oct 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St. Joseph MO

19. (a) 10-20-42 (b) Rose Hagay (Date received local registrar) (Registrar's county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1942 hour 5:10 minute P.M.

21. I hereby certify that I attended the deceased from 9:30 to 10:17 1942  
that I last saw her alive on 10-17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. carcinoma of colon

Due to...  
Due to... 46  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy None

Duration

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 Harold O. Brumm (M. D. coroner)  
Address St. Joseph, MO Date signed 10-18-42

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

**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 Blawie*  
Licensed Embalmer No..... *2435*  
P. O. Address..... *St Joseph*

**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.**