

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36714

State File No. _____
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

11
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2234 So 10 1
(d) Length of stay: In hospital or institution 11 yrs.
In this community 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2234 So 10
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME NETTIE-E-KEMPER.
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November 1
year 1942 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife H. Hatfield
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 30 1888

Immediate cause of death Carcinoma of Cervix with multiple metastases
Due to _____
Due to _____
Other conditions 48a
(Include pregnancy within 3 months of death)

8. AGE: Years 54 Months 4 Days 1
9. Birthplace Platte City MO
10. Usual occupation at home

MOTHER FATHER {
11. Industry or business _____
12. Name Frank E. Full
13. Birthplace Ill
14. Maiden name Elizabeth
15. Birthplace Platte City MO
16. (a) Informant Alta Mrs. May
(b) Address St. Joseph MO
17. (a) _____ (b) Date thereof Nov 1 1942
(c) Place: burial or cremation St. Monica's Cem. Leavenworth MO
18. (a) Signature of funeral director W. H. Stoney
(b) Address St. Joseph MO
19. (a) 11-4-42 (b) W. H. Stoney

PHYSICIAN
Major findings: Of operations _____
Of autopsy Carcinoma of Cervix with multiple metastases
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? _____
(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 W. H. Stoney M.D.
Address 301 P.S. Bldg., St. Joseph, Mo. Date signed 11-2-42

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 Slattery*.....
Licensed Embalmer No..... *2435*.....
P. O. Address..... *St Joseph W*.....

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.