

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40269

State File No.

FILED DEC 30 1942

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1216

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:
823 North 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 16 years (Specify whether years, months or days)
In this community 16 years

3. (a) PRINT FULL NAME MARY ELIZABETH KEPHART

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, divorced, widowed
6. (b) Name of husband or wife David B. Kephart 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 25 hr. min.

9. Birthplace Clinton County Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Elzannah Anderson
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Gilmore
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant D.B. Kephart
(b) Address 823 North 11th
17. (a) removal (b) Date thereof 12/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity, Mo.
18. (a) Signature of funeral director [Signature]
(b) Address 319 S. 10th St. Joseph, Mo.
19. (a) 12-21-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 823 North 11th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 21 1942 to Dec 21 1942
that I last saw him alive on Dec 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to Coronary disease

Due to

Other conditions 94d
(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?

(Specify type of place) While at work (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed [Signature]

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 12/21/42, Registered Apprentice No. ✓
working under my personal supervision.

Signed

Harold Bowman
Licensed Embalmer No. 3619

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.