

FILED DEC 30 1942
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1188

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

11
1
7

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's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 31 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Industrial City,
(If outside city or town limits, write "RURAL")

(d) Street No. Stop 5 1/2
(If rural, give location)

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

3. (a) PRINT FULL NAME Garnett T. Mohring,

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 Married,

6. (b) Name of husband or wife Herman F. Mohring, 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 4th, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Daniel Dwyer,

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

14. Maiden name Justina, Katos,

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

16. (a) Informant Herman F. Mohring

(b) Address Industrial City, Mo.

17. (a) Removal (b) Date thereof 12/4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Walter A. Galt

(b) Address 319 So. 10th. Street, Home

19. (a) 12-4-42 (b) Roe Hengy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd.
year 1942 hour 8.00 minute 50 a. m.

21. I hereby certify that I attended the deceased from Oct. 27, 1941 to Dec. 2 1942;
that I last saw her alive on Dec. 2 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 1 year

Due to _____

Due to H&B

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

Major findings: Carcinoma of uterus (Ca of fundus)

Of operations _____

Of autopsy Shock surgical

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 W. L. Lannon (M. D. or other) _____
Address St. Joseph, Mo. Date signed 12-2-42

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 Dec 2 194

....., Registered Apprentice No.
working under my personal supervision.

Signed Charles A. Bourne

Licensed Embalmer No. 1710

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.