

FILED FEB 5 1943

Registration District No. 42

Primary Registration District No. 1000 7/34

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (Rural)
(c) Name of hospital or institution: RFD #3 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community one week years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Holt 44
(c) City or town Mound City 0
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORA-BISSETT

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April 15 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 2 If less than one day hr. _____ min.

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name William H. Broughty
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Clemens Waterback
15. Birthplace Essexville Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie B Campbell

(b) Address Mount Airy Ind.

17. (a) _____ (b) Date thereof 1-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St. Joseph Mo

19. (a) 1-19-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1943 hour 1:25 minute P M.
21. I hereby certify that I attended the deceased from June 6
1942 to Jan. 17 1943
that I last saw her alive on Jan. 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypocortical Insufficiency
Due to Myocardiosclerosis General
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 732
Of operations _____
Of autopsy _____

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 Gustav H. Fox (M. D. or other) M.D.
Address 1000 7/34 St. Joseph Mo Date signed 1-19-43

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

11
00

12.25

AV Lee New York

FEB 8 1948

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 Stamer

Licensed Embalmer No.

2435

P. O. Address

St Joseph Hill

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.