

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 816 Rudy St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether Lifetime)
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Halls (Rural)
(d) Street No. R.F.D. # 1
(If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Boller

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 Jesse 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 17, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self- Home

12. Name Mickel Ryan

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harry Boller (Daughter in law)

(b) Address 816 Rudy St., St Joseph, Mo

17. (a) Burial Burial (b) Date thereof 1/22/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halls Missouri

18. (a) Signature of funeral director John E. G... (b) Address 6054 Pryor Ave., City.

19. (a) 1-22-43 (b) Rose Herzog (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20/43 year 1943 hour 10.30 A.M. minute M.

21. I hereby certify that I attended the deceased from Dec. 15th, 1942 to January 20th, 1943 that I last saw her alive on January 20th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____
Due to _____

Other conditions Artero-Sclerosis (Include pregnancy within 3 months of death)

Abdominal Tumor
Major findings: Of operations No Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accidents, 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 J.P. Simmons (M. D. or other) Address Halls, Mo Date signed 1/23/43

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. *myself*

Signed *John E. Rupp*.....

Licensed Embalmer No. *3986*.....

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.