S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9661

FILED MAR 22 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 297

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 three weeks (Specify whether years, months or days)
In this community Lifetime

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. 313 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Nation

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 John

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

7. Birth date of deceased February (Month) 10, (Day) 1878 (Year)

8. AGE: Years 65 | Months 0 | Days 26 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER

12. Name Walter McCoy

13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

14. Maiden name Ann Norton

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lillie Orton (Daughter)
(b) Address 313 Indiana, St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

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

19. (a) 3-1-43 (Date received local registrar) (b) Roe Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day ____ year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Feb 8, 1943 to May 6, 1943 that I last saw h[illegible] alive on May 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis — Duration 8 mos

Due to ____

Due to 126

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Thrombosis with [illegible]

Of autopsy ____

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 John D. Byrne (M. D. or other)
Address [illegible] St. Joseph Mo Date signed Mar 8 43

1235

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Joshua 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.