S. No. 2
OM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 429

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

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: 2308 So 4th St. 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 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1
(c) City or town St Joseph 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2308 So 4th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fannie Priestley

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph T.
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 7, (Day) 1865 (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Cavan Co. Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Priestley
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun St.

19. (a) 4-17-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1943 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from March 27, 1942, to Apr 14, 1943;
that I last saw her alive on Apr 14, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Apr 10/43
Due to Arteriosch gen.	?
Due to	
Other conditions Chr. Endocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy none

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

23. Signature Frank Hardigan (M. D. or other)
Address 620 Francis Date signed 4/6/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph

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.