

FILED JUN 8 1943
Registration District No. 8542

Primary Registration District No. 10011888

1. PLACE OF DEATH:

BUCHANAN

(a) County
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 7 yrs 5 mos 27 da
In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph Mo
(d) Street No Urban Rural Route 1
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Grace Mc Dinty

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

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 17 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation Domestic work

11. Industry or business At home

12. Name John E. McDinty
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Campbell
15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Phelps
(b) Address 1504 York Blvd Los Angeles

17. (a) Burial (b) Date thereof 5/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director John E. Phelps
(b) Address 6054 Grand St St Joseph, Mo

19. (a) 5-13-43 (b) John E. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/11 day
year 1943 hour 2 minute 40 a. M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to May 11 1943
that I last saw her alive on May 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bacterial pneumonia
Duration 2 days
Directly terminal
Due to Acute pneumonia

Other conditions (Include pregnancy within 3 months of death) 90 f

Major findings: Of operations
Of autopsy Yes Bacterial pneumonia

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?

23. Signature [Signature] (M. D. or D.O.)
Address State Hosp 70 Date signed 5/13/43

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} ~~by me or by~~

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

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.