

FILED JUN 20 1943 42

State File No. _____
Registrar's No. 648

Registration District No. _____ Primary Registration District No. 1001/1000

1. PLACE OF DEATH: **BUCHANAN**

(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: **State Hospital No. 2, 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **2 months 5 days**

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. **2732 Felix**
(If rural, give location)

(e) Citizen of foreign country? **No** **7** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Effie Lee Saunders**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1943** hour **11:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 10**, 19**43** to **June 4**, 19**43**;
that I last saw her alive on **June 4**, 19**43**;
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: **Unk Unk 1870**
(Month) (Day) (Year)

Immediate cause of death
**Broncho-pneumonia
Chr. Myo-carditis**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **93**

8. AGE: Years **about 73** Months **Unk** Days **Unk** If less than one day **- hr. - min.**

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business **First Postal Terim Bureau**

MOTHER FATHER

12. Name **W. P. Saunders**

13. Birthplace **Birmingham, England**
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. O. H. ...**

15. Birthplace **Missouri, New York**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **James E. Cox**

(b) Address **2732 Felix St. Joseph, Mo.**

17. (a) **burial** (b) Date thereof **6/7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

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? **ABT Sweeney** (e) Means of injury **0**

18. (a) Signature of funeral director **Hester, Butole & Bluman**

(b) Address **St. Joseph, Mo.**

19. (a) **June 5 1943** (b) **Rae Herzog**
(Date received local registrar) (Registrar's signature)

23. Signature **ABT Sweeney** (M. D. number) **MD**

Address **State Dept. 42** Date signed **6-5-43**

1233

Saint Joseph, Mo

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.....

James A. Nobles

Licensed Embalmer No. *3296*

P. O. Address.....

Stoughton 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.