

LED SEP 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1056

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:  
427 No 10th St. /  
(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 //  
(c) City or town St Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1114 Lincoln St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louella J. Auld

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed

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

7. Birth date of deceased January 7 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 8 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Mencer

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

14. Maiden name Sarah Grove (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs G.E. Young

(b) Address 427 No 10th St.

17. (a) Burial (b) Date thereof 8-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) 8-2-43 (b) Rose Heagy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th  
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
May 7 1943 to July 27 1943  
that I last saw him alive on July 27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma head of  
pancreas (Primary)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Unknown factors (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy: no

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: Rose Heagy (M. D. or other)

Address: 620 Francis St Joseph, Mo. Date signed: 8/30/43

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

Duration: 6 Mon  
Physician: Unknown  
Underline the cause to which death should be charged statistically.

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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. Yapple* .....

Licensed Embalmer No. *3308* .....

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.**