S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31182

FILED OCT 13 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1062

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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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community several years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11
(c) City or town St Joseph (If outside city or town limits, write "RURAL") 7
(d) Street No. 1912 So 6th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA BEAGLEY

3. (b) If veteran, name war no — 3. (c) Social Security No. None

4. Sex Fem — 5. Color or race Wht 1 — 6. (a) Single, widowed, married, divorced Div 3

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

7. Birth date of deceased Mar (Month) 12 (Day) 1886 (Year)

8. AGE: Years 57 Months 6 Days 13 — If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Ks 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

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

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

16. (a) Informant Records at Social Welfare Board
(b) Address St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 9/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo

19. (a) 9/27/43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1943 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1943, to September 25, 1943, that I last saw her alive on September 25, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pyloric end of stomach	3 mos.
Due to Internal hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 b

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 [signature] O M.D. (M. D. or other)
Address Social Welfare Bd. Date signed 9-27-43

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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..... John Roy Slattery

Licensed Embalmer No..... 2435

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.