

Registration District No. **2**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Bucanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1501 Francis Leone Keck Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community 34 years
(Specify whether 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. 825 Vine Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME EMMA C. SLEPPY
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

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 June 29 1859
(Month) (Day) (Year)

8. AGE:
 Years 84 Months 2 Days 7
 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Edgar A. Sleppy

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Emma Riley
 (b) Address Council Bluffs, Iowa

17. (a) burial (b) Date thereof 9/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton B. Bee + Bowman
 (b) Address 319 South 10th St. St. Joseph, Mo

19. (a) 9/7/43 (b) Rose Heitz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
 year 1943 hour 6 minute A M.
 21. I hereby certify that I attended the deceased from April 22
1943 to Sept 5 1943
 that I last saw her alive on Sept 5 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
skin cancer over sternum
with metastases to lung
and tracheal obstruction
 Due to head right breast amputated
for cancer 5 years ago

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 5.0
 Of autopsy 5.0

Duration
 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?
 While at work? (Specify type of place) (e) Means of injury
 23. Charles B. Werner (M. D. or other)
 Address 221 Kirkpatrick Bldg. St. Joseph, Mo

1233

Dr. C. N. Wessner

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 Self

....., Registered Apprentice No.

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.