

X26390

FILED SEP 24 1943

Primary Registration District No. 10011000

Registrar's No. 1002

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: State Hospital # 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 years 28 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nellie Taylor

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

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 _____ (Month) (Day) (Year) 1897

8. AGE: Years 46 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER { 12. Name Unknown
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 Records State Hosp. #2

(b) Address Saint Joseph, Mo.

17. (a) _____ (b) Date thereof 8-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgue on

18. (a) Signature of funeral director W. J. Mead

(b) Address Raymer, Mo.

19. (a) 8-30-43 (b) W. J. Mead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from August 29, 1943 to August 30, 1943, that I last saw her alive on August 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach

Due to Anemia and Uremic poisoning

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46 f Of autopsy _____

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. Signature M. B. Schaeffer (M. D. or other)

Address State Hospital # 2 Date signed 8-31-43

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

1233

Saint Joseph, Mo.

Snyder, Betty
Police Station
107 Myrtle

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 Bernard Mead

Licensed Embalmer No. 2801

P. O. Address Trayner

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.