

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37345
Registrar's No. 1247

FILED DEC 6 1943

Registration District No. _____ Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
625 No. 9th St.
(d) Length of stay: In hospital or institution No
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph
(d) Street No. 625 No. 9th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Cecelia Tanner
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 2nd
year 1943, hour 8 minute A.M.
21. I hereby certify that I viewed the deceased from on
Nov. 2, 1943, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 September 12 1896
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 day
Due to Chronic Myo-Carditis 9yo Duration 1 year

8. AGE: Years Months Days If less than one day
47 1 20 hr. _____ min.

Due to Woman was found dead
Other conditions on her bed at her home, without previous
Major findings: serious sickness or disability. She was
Of operations _____
Of autopsy NO. Known to have had a chronic heart disease.

9. Birthplace Dyer Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name James Tanner
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Robbins
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Donald S. Miller
(b) Address St Joseph, Mo
17. (a) Burial (b) Date thereof 11 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Olivet
18. (a) Signature of funeral director Herma W. Sedufadur
(b) Address 1802 Union St.
19. (a) 11-11-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

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 H. F. Munday 3 (M. D. or other) Coroner
Address 404 So 3rd Date signed 11/2/43

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

MOTHER FATHER

1250 (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 *Herman W. Sidenfaden*

Licensed Embalmer No. *2728*

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.