

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1943

Registration District No. 1940

Primary Registration District No. 1800

Registrar's No. 7411

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph  
(If outside city or township limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Wesley Home at 110 + Lincoln  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt 2 mo  
(Specify whether years, months or days) abt 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Buchanan

(c) City or town St Joseph  
(If outside city or township limits, write "RURAL")

(d) Street No. 2315 St Joseph Ave  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NELLIE -- HAILEY

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1943 hour \_\_\_\_\_ minute 1 P M.

21. I hereby certify that I attended the deceased from Dec 16, 1943 to Dec 18, 1943  
that I last saw her alive on Dec 17, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race Wh

6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: July 16 1880  
(Month) (Day) (Year)

Immediate cause of death: Uremia (coma) 2 days

Due to Chronic nephritis

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

Other conditions: 131 f  
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 5 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Audover Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Samuel Dawson

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

14. Maiden name Ida Stevens

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harold Hailey

(b) Address St Joseph Mo

17. (a) B (b) Date thereof Dec 21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) 12-21-43 (b) Rose Herzog  
(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 J Elliott (M. D. or other) no

Address 801 1/2 Finance, St Joseph Mo Date signed 12/20/43

1253

JAN 26 1944

**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 *Low Clark*

Licensed Embalmer No. *#216*

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.**