

FILED JAN 12 1944

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 town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1214 No 11th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 23 yrs
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. 1214 No 11th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Noomi Sylvia Mc Bee

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 Married

6. (b) Name of husband or wife Chester 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 5 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 9 20 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Van Volkenbury

13. Birthplace Andrew Co. Mo
(City, town, county) (State or foreign country)

14. Maiden name Sara Elizabeth Staldenorth

15. Birthplace Holt Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Mc Bee
(b) Address St Joseph, Mo

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Fleeman & Sant Inc

(b) Address St Joseph, Mo

19. (a) 12-27-43 (b) Rud Heigoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1943 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from ?
19 , to Nov 23 1943;
that I last saw her alive on Nov 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Chr. Lung 4yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 fl

Major findings: _____

Of operations _____

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 Dr. D. H. H. H. (M. D. or other)
Address St Joseph Mo Date signed Dec 12-27-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 _____

Robert H. Pugh

Licensed Embalmer No. _____

3308

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.