

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41657  
Registrar's No. 1492

FILED JAN 12 1940  
Registration District No. 1000

Primary Registration District No. 1000

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:  
232 W. Iowa St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 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. 232 W. Iowa  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice McGue  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Separated  
6. (b) Name of husband or wife Dont Know 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 25, 1893  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 9  
year 1943 hour 2 minute 40 p. M.  
21. I hereby certify that I attended the deceased from Dec 8, 1943 to Dec 9, 1943  
that I last saw her alive on Dec 9, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration 24 hrs

8. AGE: Years 49 Months 11 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Sweet Springs Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant H. A. Ballard

(b) Address 232 W. Iowa St.

17. (a) Burial (b) Date thereof Dec. 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) 12-10-43 (b) Doc Hlyog  
(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? \_\_\_\_\_

23. Signature Frank Woodman (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 109 1/2 W Mo. ave (M. D. or other) Date signed 12-10-43  
St Joseph Mo

JAN 18 1943

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 12/9/43

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Carla Chick

Licensed Embalmer No. 4238

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.