

FILED JAN 5 1943

Registration District No. 42 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 Meth Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 day (Specify whether Life)

In this community 5 day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 1912 No 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA-E-TEE

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

5. Color Wh race Wh 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife John M 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased June 2 18 68
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John Francis

13. Birthplace Key 1 (City, town, or county) (State or foreign country)

14. Maiden name Betty Reynolds

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

16. (a) Informant John

(b) Address 1912 No 3

17. (a) B (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Stamley Funeral Home

(b) Address St Joseph Mo

19. (a) 12-24-43 (b) Rose Heroy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12/18/43 1943 to 12/22 1943

that I last saw her alive on 12/21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pneumonia Duration

Due to Influenza

Other conditions 330
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: —

Of operations —

Of autopsy no funeral

Underline the cause to which death should be charged statistically.

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 Stamley (M. D. or other)

Address 2601st Joseph Date signed 12/23/43

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

11
1
2

1203

St Joseph Mo

MAY 29 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 John Roy Slawey
Licensed Embalmer No. 2435
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.