

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 days
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3315 Frederick Blvd.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rosemary Carmichael

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife F. A. Carmichael 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 10 1883

8. AGE: Years 60 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Sherman Kansas

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Bernard McClosky
13. Birthplace Texas
14. Maiden name Sara J. Barclay
15. Birthplace Ft. Madison, Iowa

16. (a) Informant F. A. Carmichael
(b) Address St. Joseph, Missouri
17. (a) Cremation (b) Date thereof 2-2-44
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St. Joseph, Mo.
19. (a) 2-2-44 (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1944 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 26 1943 to Jan. 31 1944 that I last saw her alive on January 31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute lymphatic leukemia

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 174a 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?
(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. F. H. Quinn (M. D. or other) MD. Address St. Joseph, Mo. Date signed 2-1-44

Duration

38 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1223

(Licensed Embalmer's Statement on Reverse Side)

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. Gaph

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.