

S. No. 2  
OM-5-43  
v. 5-17-39  
1 X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2146

FILED JAN 25 1944

State File No. \_\_\_\_\_

Registration District No. 48

Primary Registration District No. 100 J

Registrar's No. 30

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:  
912 Hayes Blvd 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
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. 912 Hayes Blvd  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Ann Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1944 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 31, 1944, to Jan 3, 1944.

that I last saw her alive on Jan 3, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 15 1862  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis fibrillation Duration 4 da.

8. AGE: Years 81 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

10. Usual occupation House wife

Other conditions: (Include pregnancy within 3 months of death) 95a

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

12. Name John W. Bywaters

13. Birthplace Camden Point Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah F. Thomas

15. Birthplace Camden Point Mo  
(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 Mrs Arthur Hufnagle

(b) Address 912 Hayes Blvd

17. (a) Burial (b) Date thereof 1-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director Fleeman + Son Inc

(b) Address St Joseph, Mo.

19. (a) 1-4-44 (b) Rose Steyog  
(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 H. W. Kearby (M. D. or \_\_\_\_\_)

Address St Joseph Mo Date signed 1-4-44

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

MOTHER FATHER

(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. Gagliardi*

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.**