

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:
3117 Seneca Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether years, months or days)
23 years

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. 3117 Seneca Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maude Leila Saxer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward R. Saxer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 29 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 13 ..hr. min.

9. Birthplace Morrill Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dave M. Meyers

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Illroy

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

16. (a) Informant Edward R. Saxer

(b) Address 3117 Seneca St., St. Joseph, Missouri

17. (a) Removal (b) Date thereof 1/15/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrill Kansas

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1302 Faraon St., St. Joseph, Missouri

19. (a) 1-15-44 (b) Olve Helgeson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th.
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from March
1 1943 to Jan 11 1944
that I last saw her alive on Jan. 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Degeneration of sarcomatous tumor

Due to Carcinoma Sarcoma of flat bone of body 18 mos.
Duration 2 months

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55 h

Major findings: Of operations _____

Of autopsy exam made

PHYSICIAN 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 Gordon D. Wright M.D. (M. D. or other)

Address 845 So. 19th. Saint Joe. Mo. Date signed 1/12/44

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

11
1
2

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.....

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.

Person's name