

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14160  
Registrar's No. 397

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution: 1614 No 9  
(d) Length of stay: 20 yrs  
In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(d) Street No. 1614 So 9th  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Elizabeth Hessler  
3. (b) If veteran, name war - 3. (c) Social Security No. -  
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 July 6 1858

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 12th year 1944 hour 8 minute 0 M.  
21. I hereby certify that I attended the deceased from April 12th 1944 to 1944  
that I last saw him alive on 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 9 Days 6  
9. Birthplace Kansas City Kans  
10. Usual occupation Housewife

Immediate cause of death: Coronary Thrombosis 1 day  
Due to Chronic Nephritis and Cystitis of the Urinary bladder 5 yrs  
Due to

MOTHER FATHER  
11. Industry or business -  
12. Name Thomas Flynn  
13. Birthplace Ireland  
14. Maiden name Unknown  
15. Birthplace Geney Cal  
16. (a) Informant Mrs Edith Norvey  
(b) Address St Joseph, Mo  
17. (a) Burial (b) Date thereof 4-15-44  
(c) Place: burial or cremation Mt Auburn Cem.  
18. (a) Signature of funeral director Fleeman & son Inc  
(b) Address St Joseph, Mo  
19. (a) 4/15/44 (b) Roe Herzog

Other conditions: Woman died suddenly in her home without previous illness  
Major findings: serious illness or disability other than a  
Of autopsy: No Chronic kidney and urinary bladder disease  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 131R  
(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?

23. Signature H F Mundy 3 (M. D. or other) Coroner  
Address 404 So 3d St Date signed 4/13/44

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

1233

(Licensed Embalmer's Statement on Reverse Side)

St Joseph Mo

SEP 3 1954

20 101

2294

878

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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. Apple

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.