

FILED MAY 11 1944
Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 328

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:
1110 So. 9th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Anna Likes

3. (b) If veteran, name war None 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 Louis 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 22, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name John Bird

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Likes (Husband)

(b) Address 1110 So. 9th St., City

17. (a) Burial (b) Date thereof 4/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lt. Dauburn Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 4/24/44 (b) R. H. Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1110 South 9th 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 5th
1942 to April 19th 1944,
that I last saw her alive on April 5th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Duration 1 wk

Due to Diabetes Mellitus 20 mos.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy ✓

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. Charles J. Werner (M.D. or other) M.D.

Address SOCIAL WELFARE BOARD Date signed 4/21/44

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

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 E. Rupp

Licensed Embalmer No.

3985

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.