

FILED MAY 17 1944
Registration District No. 72

Primary Registration District No. 1000

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

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:
603 Blake St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)
 In this community 50 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. 603 Blake St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Jane Phyllis Couldry

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 7
 year 1944 hour 5 minute 00 p. M.

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 Widow

21. I hereby certify that I attended the deceased from 3/28, 1944, to 4/7, 1944, that I last saw her alive on Apr. 7, 1944, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Arthur E. Couldry 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death:
Organic Pathology
Chronic Coronary Heart Disease
 Duration 17 days

7. Birth date of deceased: June 23, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace England (City, town, or county) _____ (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business Own home

12. Name William Holford

13. Birthplace England (City, town, or county) _____ (State or foreign country) 4

14. Maiden name Mary Ann Hunt

15. Birthplace England (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant William Couldry

(b) Address 221 Mass. Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Robert Mortuary
 (b) Address 502 1/2 King Hill Ave. St. Joseph, Mo.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 94a
 Of operations _____
 Of autopsy _____

19. (a) 4/11/44 (Date received local registrar) (b) Arce Hickey (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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Dr. J. J. ... (M. D. or other) _____
 Address St. Joseph, Mo. Date signed 4/11/44

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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, ~~on~~ 4/7/44

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl M. [Signature]

Licensed Embalmer No. 4238

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.