

FILED JUN 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1005

Registrar's No. 607

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:  
2717 Lafayette St.  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life time.  
years, months or days

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. 2717 Lafayette St. /  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

Margaret Jane Carey

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

3. (c) Social Security No. 491-09-6916

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 17, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>27</u>	hr. _____ min.

9. Birthplace Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Retired Packer for

11. Industry or business Zerbst Chemical Co.

12. Name John H. Carey

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

14. Maiden name Nancy W. Gilmore

15. Birthplace Clay County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Martha B. Carey

(b) Address 2717 Lafayette St.

17. (a) Burial (b) Date thereof June 17, '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herward J. Siedegaden

(b) Address 1802 Union St.

19. (a) 6/17/44 (b) Delen J. Peeler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 17, 1944 to June 14, 1944  
that I last saw him alive on June 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 1 mo  
Due to arteriosclerosis (general) unknown  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations JZal PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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 John J. Byrne (M. D. or other M.D.)  
Address St. Joseph Mo Date signed 6-15-44

**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. Reed*.....  
Licensed Embalmer No..... *3745*.....  
P. O. Address..... *St Joseph Mo.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**