

FILED AUG 16 1944
Registration District No. 42

Primary Registration District No. 1800

Registrar's No. 813

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:
St Joseph's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 da (Specify whether years, months or days)

In this community 2.5c

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Countryside Club Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alison Wgeth Campbell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug day 7 year 1944 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Forrest C

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 17 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec-1940, 19____, to Aug-1944, 19____; that I last saw her alive on Aug 7th, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung

8. AGE: Years 56 Months 5 Days 21 If less than one day hr. _____ min. _____

Due to Cancer of breast 3 1/2 yr

9. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____

12. Name Huston Wyeth

13. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Aula Ballinger

15. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)

Major findings: Metastasis in axilla

Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Wyeth

(b) Address St Joseph, Mo

17. (a) Burial (b) Date thereof 8-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Fleeman & son Inc

(b) Address St Joseph, Mo

19. (a) 8/9/44 (b) John Stahl
(Date received local registrar) (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 Paul Gorrage (M. D. or other) _____
Address St Joseph, Mo Date signed 8-9-44

1357

OCT 22 1945

OCT 24 1945

OCT 19 1945

FEB 2 1948

FEB 28 1947

MAR 11 1948

SEP 22 1944

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. Yaph

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.