

S. No. 2
M-8-C
v. 5-17-44
-1 X37823

State File No. _____

FILED AUG 23 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 837

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:
Intersection Lake & Missouri 3 Aves.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether)

In this community Lifetime
years, months or days)

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. 317 Indiana
(If rural, give location)

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

3. (a) PRINT FULL NAME HELEN FUESTION

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19.
year 1944 hour 2:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from on Aug. 19th 1944 to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife Clarence

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

7. Birth date of deceased June 17, 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>2</u>	<u>1</u>	hr. _____ min.

Immediate cause of death
Fracture seventh Cervical vertebral of the neck 1 day

Due to _____

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

10. Usual occupation Laundress

11. Industry or business Snow White Laundry

12. Name Harry E Raylten

13. Birthplace Memphis, Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Launa Breedlove

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

Due to Woman was killed when she accidentally fell from an automobile driven by another person

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operations on Falke Ave and Mission Avenue, St. Joseph Mo

Of autopsy NO.

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

16. (a) Informant Mrs. Launa Allen (Mother)

(b) Address Rt. # 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/22/44
(Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. CEMETERY

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

(b) Address 6054 Pryor Ave., City

19. (a) 8/22/44 (Date received local registrar)

(b) Helen L. Pickle (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 131

(b) Date of occurrence Aug 19 - 1944

(c) Where did injury occur? St. Joseph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Intersection Lake Ave and Missouri Ave
(Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature H. J. Mundy (M. D. _____)

Address 104 So 19d St Date signed 8/19/44

MAY 23 1945

MAY 23 1945

MAY 22 1945

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. 3986
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.