

FILED SEP 23 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 927

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:
810 Lincoln Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999
(c) City or town Wathena 14
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 9--

3. (a) PRINT FULL NAME Cecile Emma Duparc

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Joseph Duparc 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 24 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace LeLocle 5 Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Charles Jaquet
13. Birthplace LeLocle 5 Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wettwer
15. Birthplace LeLocle 5 Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. D. Gluckiger
(b) Address 810 Lincoln St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 9/18/44 (b) Walter Meierhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th.
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 13, 1943 to Sept 16, 1944
that I last saw her alive on Sept 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis general
hypertension
Arteriosclerotic heart
and kidney disease
Due to _____
Due to _____

Duration

?
9

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

Major findings: Of operations _____

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 0

23. Signature S. P. Leman M.D. (M. D. or other) _____
Address St. Joseph, Mo. Date signed 9-18-44

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 *Albert E. Harrington*

Licensed Embalmer No. *3258* *Missouri*

P.O. Address *St. Joseph, Missouri*

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.