

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:
Harp Nursing Home 2920 Penn 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Nowata

(c) City or town Wathena
(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 2

3. (a) PRINT FULL NAME PEARL JANE LaBOUNTY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Adolphus LaBounty

6. (c) Age of husband or wife if alive 11 years (Day) (Year)

7. Birth date of deceased Nov. 11 1959
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>4</u>	hr. _____ min.

9. Birthplace LaSalle county Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Brown Pratt

13. Birthplace Perrysburg Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Angetien Howard

15. Birthplace Draston New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Speese

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 10/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Hunt, Betler & Burman

(b) Address 319 South 70th

19. (a) 10/17/44 (b) Nelson J. Pichler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 20 1944 to Oct 15 1944
that I last saw her alive on Oct 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 da

Due to arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: _____

Of operations _____

Of autopsy _____

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 J. B. ... (M. D. or other) md
Address 801 S. ... Date signed 10/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank A. Baumgardner
Licensed Embalmer No. 1710
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.