

FILED DEC 7 1944
Registration District No. **7**

Primary Registration District No. **1200**

Registrar's No. **1190**

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:
1701 So. 26th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community _____
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. **1701 So. 26th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eleanor Dora Booze**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **15**
year **1944** hour **2** minute **35 A.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Andrew**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 1 1854**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 14**, 19**44**, to **Nov 14**, 19**44**.
that I last saw her alive on **Nov 14**, 19**44**,
and that death occurred on the date and hour stated above.

8. AGE: Years **90** Months **6** Days **14**
If less than one day
hr. _____ min.

Immediate cause of death **Mitral Stenosis**
Due to _____
Due to _____
Other conditions **Senility**
(Include pregnancy within 3 months of death)

9. Birthplace **Mt. Vernon Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**
11. Industry or business _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name **J. C. Beebe**
13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Knod**
15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs Lela Brower**
(b) Address **Cameron, Missouri**
17. (a) **Burial** (b) Date thereof **Nov. 17, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Graceland Cemetery**
18. (a) Signature of funeral director **Herman W. Sidenfaden**
(b) Address **1802 Union St. St. Joseph, Mo.**
19. (a) **11-17-44** (b) **Eleanor J. Felle**
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature **Eleanor J. Felle** (M. D. or other)
Address **620 Dorcas** Date signed **11/15/44**

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 *Herman W. J. Jenden*

Licensed Embalmer No. *2728*

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.