

Registration District No. 42 Primary Registration District No. 1000

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(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. 1105 Main St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If same country

3. (a) PRINT FULL NAME Mary Ann Maney

3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single; widowed, married, divorced Widowed

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

7. Birth date of deceased October 28 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 5 _____ hr. _____ min.

9. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Gilborne

13. Birthplace County Limerick Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Condon

15. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John O. Fuson

(b) Address 1922 No. 2nd St.

17. (a) Burial (b) Date thereof Dec. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-6-44 (b) Helen J. Peckel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 3rd
year 1944 hour 11:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 26, 1944 to Dec 3, 1944
that I last saw her alive on Dec 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Duration about 3 days

Due to Influenza 4 or 5 days

Due to 32

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

Major findings: Of operations None

Of autopsy No.

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?
(Specify type of place) (b) Means of injury _____

23. Signature John J. Byrne (M. D. or other)

Address St. Joseph, Mo. Date signed 12-4-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1311

DEC 8 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 *Herman W. Sidelow*

Licensed Embalmer No. *3728*

P. O. Address *H. Sidelow 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.