

FILED DEC 21 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1253

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) U
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Months
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. 315 So. 15th. St. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

Mary Elizabeth Coles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas G. 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased September 23 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 2 16 hr. min.

9. Birthplace Bennettsville So. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John G.H. Geitner

13. Birthplace Hickory No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Christine Mitchell

15. Birthplace Bennettsville So. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Lt. Thomas G. Coles

(b) Address Rosecrans Field

17. (a) Removal (b) Date thereof Dec. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory, No. Carolina

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

(b) Address 1802 Union St.

19. (a) 12-8-44 (b) Heleen J. Giehl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1944 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from November 20, 1944 to December 8, 1944
that I last saw her alive on December 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic diffuse nephritis 7 yrs.
Chronic Uremia 1 yr.
Chronic hypertension 7 yrs.
Chronic secondary anemia 5 yrs.

Duration

Other conditions Terminel bronchopneumonia 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 131a

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)
While at work? _____ (b) Means of injury cap
23. Signature Theodore J. Wittich M. D. cap
Address Rosecrans Field Date signed 8 Dec

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

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(Licensed Embalmer's Statement on Reverse Side)

St Joseph, Mo. 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. Sidenfaden

Licensed Embalmer No. *3728*

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.