

FILED JAN 19 1945

Registration District No. 42

Primary Registration District No. 1500

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:
1213 No. 25th
(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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town ~~XXXXXXXXXX~~ St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 No. 26th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna L. Paden

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife A.P. 6. (c) Age of husband or wife if
alive 1866 years

7. Birth date of deceased Oct 15 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 19 hr. min.

9. Birthplace Buchanan Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Albert E. Shaw
13. Birthplace W. Va. /
(City, town, or county) (State or foreign country)
14. Maiden name Mollie King
15. Birthplace W. Va. /
(City, town, or county) (State or foreign country)

16. (a) Informant Harve Paden
(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 1-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Mora Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph Mo.

19. (a) 1-5-45 (b) Allen J. Pecher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1945 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 1
and that death occurred on the date and hour stated above. 1945

Immediate cause of death Carcinoma of Liver Duration 7

Due to Sen Metastasis of Lung + Probs. Bowels 7

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations H69
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. H. Allaman (M. D. or other) _____
Address Central Bldg Date signed 1/4/45

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

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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed..... *Robert H. Yapple*

Licensed Embalmer No. *3308*

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.