

FILED FEB 8 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 60

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:
1717¹/₂ Colhoun Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 49 years 0 months 19 days (Specify whether 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. 1717¹/₂ Colhoun Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Gladys Veach

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur R. Veach 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December 22 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name George Hensley
13. Birthplace Helena Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Baker
15. Birthplace New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur R. Veach
(b) Address 1717¹/₂ Colhoun St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/13/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meischer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 1-13-45 (b) Helen H. Hinkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th.
year 1945 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 1945 to Jan. 11 1945
that I last saw her alive on Jan. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of uterus & lungs - 2 yrs.
Due to carcinoma of uterus & lungs - 2 yrs.

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature W. M. ...
Address ...

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

MOTHER FATHER

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.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address. St. Joseph, Missouri.

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.