

FILED MAR 8 1945

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 1721

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution 723 Green St.

(d) Length of stay: In hospital or institution 22 4/10

In this community 22 4/10

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 723 Green

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Grace B Jewett

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1945 hour 12 Noon M.

4. Sex Female race W

5. Color of hair W

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

6. (b) Name of husband or wife A. Lewis

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 9 1880

21. I hereby certify that I attended the deceased from 12-31-44 to 2-13-45

that I last saw him alive on 2-13-45 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 0 Days 4

Immediate cause of death: General Carcinomatosis of the Left Breast

Due to Carcinoma of Left Breast, operated 1940

Due to unknown

9. Birthplace Grant City, Mo.

10. Usual occupation at home

Other conditions None

11. Industry or business

12. Name Thomas Bishop

13. Birthplace Ohio

14. Maiden name Amanda Bressler

15. Birthplace Missouri

Major findings: Carcinoma of Left Breast

Of autopsy None

16. (a) Informant Mrs. Mable K. Jeffries

(b) Address St. Joseph, Mo.

17. (a) Burial, cremation, or removal B

(b) Date thereof 2/15/45

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director A. J. ...

(b) Address St. Joseph, Mo.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) 2-15-45

(b) Registrar's signature Helen ...

23. Signature Walter ... (M. D.)

Address 2802 ... Date signed 2/19/45

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

PHYSICIAN Underline the cause to which death should be charged statistically.

Dr. Hansen  
2802 Jules

MAR 12 1945

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.

Signature

*John Roy Stamer*

Licensed Embalmer No. *2435*

P.O. Address *H. Joseph*

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.