

FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12912

Registration District No. 42

Primary Registration District No. 1800

Registrar's No. 498

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 Mo. Meth. Hosp. O
(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 45 yrs 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. 428 No 21 st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Kathryn A. Nesbitt

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, widowed
6. (b) Name of husband or wife J.C. 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Dec 2 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1945 to May 2 1945
that I last saw her alive on May 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis Duration 6 yrs -

8. AGE: Years 76 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Atchison Kans. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Patrick Horon 4

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

14. Maiden name Kathryn 39

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

16. (a) Informant Chas D. Beachamp

(b) Address St Joseph Mo.

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

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director E. E. EMMAN & SON, INC.

(b) Address ST. JOSEPH, MO.

19. (a) 5-5-45 (b) Helen J. Pickett
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions: Large abdon tumor. 5 yrs -
(Include pregnancy within 6 months of death)

Major findings: none of ops. Of operations

Of autopsy: none
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5

(c) 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 Frank Nandigan (M. D. or other) Date signed 5/4/45

Address 620 Spruce Date signed 5/4/45

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

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 _____

Licensed Embalmer No. 3908

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.