

FILED APR 21 1945

Registration District No. _____ Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Big Spring

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway

(c) City or town Arkos
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0 7

3. (a) PRINT FULL NAME ALICE WAMBLEY

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

4. Sex F 5. Color or race N.

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

6. (b) Name of husband or wife Robert Wambley

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

7. Birth date of deceased Mo 13 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	1	15	_____hr. _____min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Wendel Va

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

{ 14. Maiden name Mary Bobb Va

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

16. (a) Informant Record Hospital

(b) Address St Joseph Mo

17. (a) Removed (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marionville Mo

19. (a) 4-18-45 (b) Delbert D. Puckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1945 hour 4-55 minute 9 M.

21. I hereby certify that I attended the deceased from 4-12 1945 to 4-18 1945
that I last saw her alive on 4-17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death general Septisemia

Due to Traumatic Abscess

Due to _____

Other conditions Senile Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 162b

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. S. Salter (M. D. or other) _____
Address St Joseph Mo Date signed 4/18/45

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: *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.