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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1945

State File No. 23544

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 748

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: 1306 SOUTH-9TH (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community ABT-9-MOS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN
(c) City or town RUSHVILLE-MO (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

3. (a) PRINT FULL NAME FANNIE-WHALEN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEM
5. Color or race WHT
6. (a) Single, widowed, married, divorced WID
6. (b) Name of husband or wife CHARLES
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV 8 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	8	1	hr. min.

9. Birthplace RUSHVILLE MO (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name unk
13. Birthplace unk (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country)
16. (a) Informant O. Whalen
(b) Address Kansas City Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof JULY-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation RUSHVILLE-MO
18. (a) Signature of [illegible] Stoner Funeral Home
(b) Address St Joseph Mo
19. (a) 7-13-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1945 hour 9 minute 30 a.m.
21. I hereby certify that I attended the deceased from July 1934, 19, to July 4th, 1945; that I last saw her alive on July 4th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteria Sclerosis	
Due to age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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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 [illegible] Sharpe (M. D. or other)
Address Rushville Mo Date signed 7-9-45

1377 (Licensed Embalmer's Statement on Reverse Side)

Dr A Shoup
421 1/2 SO 9
Phone 2-5990

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 Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St 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.