. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1945

State File No. 33208

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1122

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: Sh Hosp # 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 26 day (Specify whether
In this community 1 mo 26 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 11
(c) City or town Liberty (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 7
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Elisabeth McCue
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced wid 2
6. (b) Name of husband or wife Dead no information
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 24 (Day) 1858 (Year)

8. AGE: Years 87 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Bath Co (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lat Kincaid
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Allen
15. Birthplace Ky (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs Lucia A Means
(b) Address Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Woodland Mem Mosby Mo
18. (a) Signature of funeral director Church Archer Co
(b) Address Liberty Mo
19. (a) 10/20-45 (Date received local registrar) (b) H J Dettmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1945 hour 6.45 minute a M.
21. I hereby certify that I attended the deceased from Oct 6 1945 to Oct 20 1945 that I last saw her alive on Oct 19 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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 L. F. Shuck (M. D. or other)
Address State Hosp # 2 ST. JOSEPH Date signed 10/20/45

1424

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar Archer

Licensed Embalmer No. L. 3311

P. O. Address Liberty, 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.