

FILED NOV 10 1945
42

State File No. _____

Registrar's No. 1165

Registration District No. 42

Primary Registration District No. 1000

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Hours
(Specify whether In this community 3 1/2 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. Cosby
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Violet Mae Vette

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: April 1 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 6 27 hr. min.

9. Birthplace: Westboro Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business _____

12. Name: Fred W/ Vette

13. Birthplace: Atchison Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Ella Rosenthal

15. Birthplace: Atchison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred W. Vette
(b) Address: R.R. #1, Cosby, Missouri.

17. (a) Burial (b) Date thereof: 10/30/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Ridge Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1302 Farson St., St. Joseph, Missouri

19. (a) Nov 2 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 128th.
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 28-Oct-45
19 to 28 " " 19

that I last saw her alive on 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Contusion of brain
Duration 3 hrs

Due to: Home Kick

Due to _____

Other conditions: Sacrospinous fra-eye
traumat. of upper
(Include pregnancy within 3 months of death)

Major findings: Of operations: Iowa jaw

Of autopsy: 45

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) Accident 21

(b) Date of occurrence 10-28-45

(c) Where did injury occur? 2 Cosby mo.
(City or town) (County) (State)

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

While at work? No (Specify type of place)
(e) Means of injury: Home Kick

23. Signature: Paul Jorgan (M. D. or other)

Address: St Joseph Mo Date signed 10-29-45

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

all. of system.

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..... *Ellert B. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.