. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

State File No. 36671

FILED DEC 7 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1238

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:
2211 So. 16th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 70 Years
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. 2211 So. 16th. St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Laurine Jane Mesmer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William A.

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

7. Birth date of deceased August (Month) 6 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	12	____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Patrick Morley
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Phillip H. Mesmer
(b) Address 2211 So. 16th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Nov. 20, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 18
year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Aug 3, 1945, to Nov 1, 1945;
that I last saw her alive on Nov 1, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of rectum (Primary)	14 Mon
Due to	
Due to	
Other conditions Bronchiasthma (Include pregnancy within 3 months of death)	—

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hardigan (M. D. or other)
Address 620 Norris Date signed 11/19/45

1428

(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~~ Elmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.