DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40570

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1312

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

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: 2805 Sacramento / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2805 Sacramento 7 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Edith May Hall

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 married /

6. (b) Name of husband or wife Howard E. Hall

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 28 (Day) 1895 (Year)

8. AGE: Years 50 Months 6 Days 9 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Otis Wright
13. Birthplace Holt Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Martha Matilda Bartlett
15. Birthplace Danville (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant Howard E. Hall

(b) Address 2805 Sacramento

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cemetery

18. (a) Signature of funeral director Heaton Bettole & Bowman

(b) Address 319 South 10th

19. (a) Dec 12-1945 (Date received local registrar) (b) H. J. Westebush (Registrar's signature)

1428

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1945 hour 1 minute 30P M.

21. I hereby certify that I attended the deceased from June 23, 1945 to Dec 7, 1945 that I last saw her alive on Dec 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer Lung	6 Mos.
Cancer Spine	8 Mos.
Due to Cancer Left Breast	6 Mos.
Due to	
Other conditions Toxemia of Cancer (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer Left Breast May 1944.

Of autopsy No

50

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 0

23. Signature H. S. Conrad (M. D. ~~or other~~)

Address St Joseph Mo Date signed 12-8-45

(Licensed Embalmer's Statement on Reverse Side)

Dr H. S. Conrad
722½ Francis

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~~ 7 Dec

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed J Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.