. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40603

State File No.

FILED JAN 8 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1348

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ Hours (Specify whether
In this community 35 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. 916 Felix Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Maharry

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 Widow

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

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

7. Birth date of deceased March (Month) 17 (Day) 1853 (Year)

8. AGE: Years 92 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation None

11. Industry or business

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

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

16. (a) Informant Family Records
(b) Address 916 Felix St., St. Joseph, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/ 20/ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ravenwood, Missouri.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Dec. 21, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

1428

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th. year 1945 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-20-43, 19..., to 12-19-45, 19...; that I last saw her alive on 12-18-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	over 5-mos.
Arteriosclerosis	over 9-mos.
Due to Denydration.	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 W. M. [signature] (M.D. or other)
Address Social Welfare Board Date signed 12-20-45
ST. JOSEPH

(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 Albert R. 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.