

FILED FEB 11 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital # 22
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years 5 months 26 days
(Specify whether)

In this community most of life 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. 107 South 14th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl Pape

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 Louis

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: July 22 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 6 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name David Alderson

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

14. Maiden name Alice Clark

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

16. (a) Informant Louis Pape

(b) Address 707 Farnsworth St. St. Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Ma. F. R. Sidenfaden

(b) Address 602 South 10th Street

19. (a) Feb. 1 1946 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1946 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from Nov 15 1945 to Jan 22 1946

that I last saw her alive on Jan 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular - Renal Disease

Due to

Due to

Other conditions Complete Paralysis of Left Side
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy 1312

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?

While at work? (Specify type of place) Means of injury

23. Signature H. C. Senne (M. D. or other) M.D.

Address State Hwy #2 St. Joseph Date signed 1-22-46

Duration

Physician

Underline the cause to which death should be charged statistically.

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

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 *Mollie E. Sidenfaden Fox*
Licensed Embalmer No. *4235*
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.