

FILED FEB 11 1946

Registration District No.

Primary Registration District No. 1000

Registrar's No. 88

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's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Maude True,.

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

4. Sex female 3
5. Color or race colored
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry True
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. September 24 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 29
If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business

12. Name Henry Meizner

13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Harry True 1

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Beale & Son

(b) Address St. Joseph, Mo.

19. (a) Jan 25, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 405 1/2 South 16th 7
(If rural, give location) 10
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 16 46
1946 to Jan 23 46
that I last saw her alive on Jan 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis - non suppurative 1 wk
Duration

Due to

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?

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

23. Signature Harold J. Brumm (M. D. or other)
Address 825 Char. St. Joseph, Mo. Date signed Jan 23 1946

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

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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 23 Jan 4
....., Registered Apprentice No. ✓ J
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
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.