

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 10

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:
317 No 19th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo.
(Specify whether
In this community 24 years
years, months or days) Whitacre

3. (a) PRINT FULL NAME Ida Tinsley Whitacre

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Walter S 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 10 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Centralia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Richard S. Tinsley
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Louise E Troutman
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vera R. Hull
(b) Address St Joseph, Mo.
17. (a) Burial (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Mora Cem.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Mo.

19. (a) Jan 8, 1946 (b) E J Northrup
(Date received local registrar) (Registrar's signature)

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. 1116 Dewey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 3 1946 to January 3 1946
that I last saw her alive on January 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to chronic myo carditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations None
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:

(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 E. Handler (M. D. or other) MD
Address Physicians & Surgeons Bldg Date signed 1/31/46

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....

Robert H. Yaph

Licensed Embalmer No. 3308

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.