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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4620

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 167

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: 616½ South 8th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) In this community: 59 years

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.: 616½ South 8th St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ann May Fye

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March 28, 1888 (Month) (Day) (Year)

8. AGE: Years 57 | Months 10 | Days 8 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

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

MOTHER
14. Maiden name: Amanda Jolly
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Georgia Smith
(b) Address: 3330 Doniphan Ave, St. Joseph,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) Feb. 15, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1946 hour 1 minute 05 P M.

21. I hereby certify that I attended the deceased from June 27, 1945 to February 6, 1946 that I last saw her alive on February 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Charles H. Wessler (M. D. or other)
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed 2-13-46

(Licensed Embalmer's Statement on Reverse Side)

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

3644

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. Siebenfaden 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.