

FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

4623

State File No.

Registrar's No. 148

Registration District No. 42

Primary Registration District No. 1000

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
(Specify whether
 In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County 999
 (c) City or town Fairchild Rural 47
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 1 Box 85
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 2
 If yes, name country.....

3. (a) PRINT FULL NAME Norma Violetta Gess

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lester Gess 6. (c) Age of husband or wife if alive, years 19 1916
 7. Birth date of deceased April 19 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 9 13 hr. min.

9. Birthplace Fairchild Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Gustaf A. Swenson

13. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Solum

15. Birthplace Unknown Norway 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Swenson
 (b) Address Fairchild, Wisconsin.

17. (a) Removal (b) Date thereof Feb. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eau Claire, Wisconsin

18. (a) Signature of funeral director Herbert W. Sulejadin

(b) Address 1802 Union St. St. Joseph, MO.

19. (a) Feb. 12, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
 year 1946 hour 1 minute 27 A. M.

21. I hereby certify that I attended the deceased from Jan 1 - 46
Feb 2 1946
 that I last saw her alive on Feb 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 17mo
Sub-ovarian abscess
Sept.
Miscellaneous 17mo
 Due to General Peritonitis 3 Weeks

Other conditions 1390
(Include pregnancy within 3 months of death)

Major findings: Retained Placenta PHYSICIAN
 Of operations: Dilatation and Curettage
 Of autopsy: Curettage
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 [Signature] (M. D. or other) MD
 Address 318 2nd St. St. Joseph Date signed 2. 2. 46

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

MOTHER FATHER

MAY 6 1946

MAY 6 1946

MAY 7 1946

MAR 27 1946

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 Emilio Thomas

Licensed Embalmer No. 2640

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.