

FILED MAR 8 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Buchanan County
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 1408 So. 5th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Most of her 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. 1408 South 5th. STREET 7
(If rural, give location)
(e) Citizen of foreign country? NO 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary L. White.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow.
7. Birth date of deceased: January 11th. 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 20 If less than one day -- hr. --- min.

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

10. Usual occupation Housewife.

11. Industry or business NONE.

12. Name Unknown----- Huff.

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Ralph Leaverton.

(b) Address 2131 South 8th. Street.

17. (a) Burial- (b) Date thereof 2/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery.

18. (a) Signature of funeral director E. R. Sidenfaden.
(b) Address 602 South Tenth Street.

19. (a) Feb. 16, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb- day first. year 1946 hour 5- minute 10 A. M.
21. I hereby certify that I attended the deceased from January 18,
1946. February 1, 1946.
that I last saw her alive on January 28, 1946.
and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhage

Due to Cancer of the Cervix 1 Yrs.

Due to Arteriosclerosis 5 Yrs.

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

Major findings: Of operations _____
Of autopsy 460
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. Charles B. Werner (M. D. or other) 0
Address 221 Kirkpatrick Bldg. Date signed 2-1-46

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

3725

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. Lindenbader Troy*

Licensed Embalmer No. *04235*

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.