

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **267**

1. PLACE OF DEATH:

(a) County **Bueharian**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3527 St. Joseph Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **abt 60 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Bueharian**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3527 St. Joseph Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **MO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN-MARY**

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

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Mar.**

6. (b) Name of husband or wife **Edith** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased: **May 31** (Month) **1885** (Day) (Year)

8. AGE: Years **60** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Near Chicago, Ill.** (City, town or county) (State or foreign country)

10. Usual occupation **Retired Grocery**

11. Industry or business **owner**

12. Name **Frank Wood**

13. Birthplace **Germany** (City, town or county) (State or foreign country)

14. Maiden name **Katherine Beget**

15. Birthplace **Germany** (City, town or county) (State or foreign country)

16. (a) Informant **John R. Mary**

(b) Address **3527 St. Joseph Ave.**

17. (a) **B** (b) Date thereof **May 3 1946**

(c) Place: burial or cremation **St. Joseph**

18. (a) Signature of funeral director **Stoney Funeral Home**

(b) Address **St. Joseph, Mo.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2** year **1946** hour **6 a.** minute **-** M.

21. I hereby certify that I attended the deceased from **July 1** 1944, to **Mar - 2 -** 1946 that I last saw her alive on **Feb - 7** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 Weeks**

Due to **Coronary Disease** 18 Weeks

Due to **Arteriosclerosis** ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy **6/10**

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 **D**

23. Signature **T. L. Brown** (M. D. or other) **MO** Address **620 N. Main St. St. Joseph, Mo.** Date signed **3-2-46**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

7518

Dr. Sadlock  
703 A013

MAY 29 1940

**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 John Roy Stacey  
Licensed Embalmer No. 2435  
P. O. Address St. Joseph

**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.**