

FILED MAY 2 8 1946

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **401**

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

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 **3 hr 50 min**
(Specify whether
In this community **3 hrs 50 min**
years, months or days)

3. (a) PRINT FULL NAME **Margaret Wilma Hestand**

3. (b) If veteran, name war **V** 3. (c) Social Security No. **L**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 6 1946**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
V	0	0	0	3 hr. 50 min.

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

10. Usual occupation **infant**

11. Industry or business _____

12. Name **Edward Hestand**

13. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Pugh**

15. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Hestand**

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

17. (a) **burial** (b) Date thereof **April 8 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cem**

18. (a) Signature of funeral director **Neaton Belcher Bowman**

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

19. (a) **April 10, 1946** (b) **H. Hestand**
(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. **112 West Highlands**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1946** hour **11** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **April 6, 1946**, 19____, to **April 6, 1946**, 19____;
that I last saw her alive on **4-6-46**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**
5 1/2 mo gestation

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature **P. C. Radlow M.D.** (M. D. or other) _____

Address **620 Francis St. Joseph Mo** Date signed **4-28-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Frank A. Browman

Licensed Embalmer No.....

1710

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.

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