

U.S. No. 2
FORM-5-43
5-17-39
I X38671

FILED JUN 10 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 633

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:
2606 Mitchell Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
50 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Katherine Mae Conroe

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Austin

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

7. Birth date of deceased October 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 7 19 _____ hr. _____ min.

9. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Herman Eimer

13. Birthplace _____ Holland 4
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Eimer

15. Birthplace _____ Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Tapee

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Mora Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) June 5, 1946 (b) _____
(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. 2606 Mitchell 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from
May 20, 1946, to May 28, 1946
that I last saw h. er alive on May 28, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bilateral Parotitis Duration 3 days

Due to Generalized Arteriosclerosis 20 yrs.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. J. Carlo, Jr. (M. D. _____)

Address 706 Francis Date signed 6-1-46

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

14654

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~~^{XX} By.....

~~Registered Apprentice~~ ~~EM~~.....

working under my personal supervision.

Signed.....

Robert H. Apple

Licensed Embalmer No. 3308.....

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.