

FILED JUN 10 1946

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: St. Joseph's Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 days 19 hrs.
(Specify whether years, months or days) 2 days 18 hrs.

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. 813 1/2 Sylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joyce Mae Doerke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Female 5. Color or race W 6. (a) Single, widowed, married, divorced 3 1

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

7. Birth date of deceased 5 - 26 - 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2-18 hrs. hr. min.

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

10. Usual occupation New born.

11. Industry or business _____

12. Name Adolph Edward Doerke

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

14. Maiden name Ruth Virginia McLaughlin

15. Birthplace Clarinada Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ruth Doerke

(b) Address 813 1/2 Sylvania

17. (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Walter B. Cole & Bowman

(b) Address St. Joseph Mo.

19. (a) June 3 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 3:50 minute PM

21. I hereby certify that I attended the deceased from 5/26/46 19 46
to 5/29 19 46
that I last saw her alive on 5/29 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death 2 months Pneumonia

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 218 7th St. St. Joseph Date signed 5/29/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14673

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 *Raymond H. Marchand*

Licensed Embalmer No. *4413*

P. O. Address *319 So 10th 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.