

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1946
STANDARD CERTIFICATE OF DEATH

15816

State File No. _____
Registrar's No. 615

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1417 So. 9th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
29 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town 1417 So. 9th St.
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE PETREEK
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27,
year 1946 hour 4 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William G.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Sept 8 1946 to May 27 1946
that I last saw her alive on May 27 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 0 15 hr. _____ min.

Immediate cause of death Cerebral hemorrhage 20 months
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Housewife

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

11. Industry or business Home

Major findings:
Of operations _____
Of autopsy Q3W
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Seborn Samples

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

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

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

16. (a) Informant W.G. Petree, (Husband)
(b) Address 1417 So. 9th St., City

17. (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director John E. [Signature]
(b) Address 6054 Taylor Ave. City

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 _____

19. (a) May 31, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature) (Day) (Month) (Year)

23. Signature J.R. Elliott (M. D. or other) _____
Address 800 1/2 Francis [Address] Date signed 7/28/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14708

MOTHER FATHER

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, on ~~1/17~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John E. Rupp*
Licensed Embalmer No. *3986*
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.