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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19574

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 684

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: At her home. 1117 Monterey
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: /
In this community: Most of her life. (Specify whether years, months or days)

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.: 1117 Monterey Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Rebecca Adeline Staver

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ezral Mathias Staver

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: January (Month) 29th. (Day) 1867 (Year)

8. AGE: Years 79 Months 4 Days 16 If less than one day -- hr. ----- min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: James Fletchall
13. Birthplace: Grant City, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Fletcher
15. Birthplace: Grant City, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Erma Johnson.
(b) Address: 2422½ Bales St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Mrs E. R. Siedenfaden
(b) Address: 602 South 10th. Street- St. Joe.

19. (a) June 17, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th. (Sat) year 1946 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 12, 1946, to June 15, 1946, that I last saw her alive on June 14, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Cerebral sclerosis

Due to:

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

Major findings: Of operations: None

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other)

Address: [illegible] Date signed: June 15-46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.