

FILED JUL 9 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **731**

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 HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether
In this community **1 YEAR**
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. **211 EAST MISSOURI AVE.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1946** hour **12** minute **47** P.M.

21. I hereby certify that I attended the deceased from
6-18 19**46** to **6-21** 19**46**
that I last saw her alive on **6-21-46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture of left hip
Due to **Fall on porch steps**
Due to _____

Duration

3 days

Other conditions **Arteriosclerosis, Unknown**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **10/10**
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) **accident 12/1**
(b) Date of occurrence **6-17-46**
(c) Where did injury occur? **St. Joseph-Buchanan-Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? **Fell on porch steps**
(Specify type of place) (e) Means of injury
23. Signature **Dr. Joseph M. ...** (M. D. number)
Address **St. Joseph, Mo** Date signed **6-21-46**

3. (a) PRINT FULL NAME **EVA CORNELIA TREADWAY**

3. (b) If veteran. name war. **---** 3. (c) Social Security No. **---**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **SEPT. 12, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **9** **9** hr. min.

9. Birthplace **UNKNOWN** **ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **GEORGE KELLER**
13. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. EDITH HUBBS**

(b) Address **ST. JOSEPH, MO.**

17. (a) **REMOVAL** (b) Date thereof **6-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ATCHISON, KAN. OAK HILL**

18. (a) Signature of funeral director **Wm. S. ...**

(b) Address **ATCHISON, KAN**

19. (a) **June 26, 1946** (b) **H. Mestelbrink**
(Date received local registrar) (Registrar's signature)

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

10430

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 *Wm. H. Stanton, Jr.*

Licensed Embalmer No. 3778

P. O. Address ATCHISON, KANSAS

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.