

S. No. 2
DM-5-43
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22815

FILED JUL 22 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 767

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:
Mercy Hospital 1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) 4 days

In this community 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Dickinson 999

(c) City or town Salina 1)
(If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location) 9

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

3. (a) PRINT FULL NAME Ione W. White

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife G.M. White

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 3 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert L. Wynkoop

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

14. Maiden name Hattie D. Dolly

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

16. (a) Informant A.L. Wynkoop

(b) Address Troy, Kansas

17. (a) Removal (b) Date thereof 7/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas

18. (a) Signature of funeral director E. H. Karr

(b) Address Troy, Kansas

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 29, 1946 to July 3, 1946
that I last saw her alive on July 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Intestinal Obstruction

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction due to adhesions

Of operations _____

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? -

While at work? _____ (Specify type of place)

(a) Means of injury -

23. Signature [Signature] (M. D. or other) D.O.
Address 823 Mason St. Joseph Date signed 7-3-46

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

21678

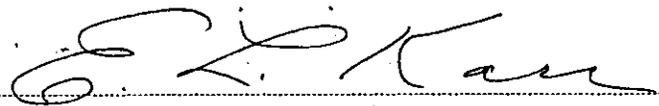
3K (Licensed Embalmer's Statement on Reverse Side)

AUG 9 1961

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..... 

Licensed Embalmer No. 3534

P. O. Address Tracy 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.