

FILED SEP 3 1946

State File No. _____
966
Registrar's No. _____

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:
2306 Bartlett St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 68 Years (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. 2306 Bartlett St. 7
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Ida Laffavor Meier

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1946 hour 7 minute 00 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George

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

7. Birth date of deceased December 25 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18 1946 to Aug 26 1946
that I last saw him alive on Aug 26 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73	8	1	hr. min.
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Immediate cause of death Arterio Sclerosis of aorta Duration _____

Due to Pneumonia

9. Birthplace Abbingdon Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business None

12. Name John Burris

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

14. Maiden name Anna Weekley

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Helen Laffavor

(b) Address 2306 Bartlett St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Norris W. L. Sidenfeller

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) Aug. 28, 1946 (Date received local registrar) (b) P. J. Muth (Registrar's signature)

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 Walter J. Jones (M. D. or other) _____
Address 280 1/2 5th St. Date signed 8/29/46

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

25106

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 Elmer Thomas

Licensed Embalmer No. 2640

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.