

No. 2
1-5-43
5-17-39
1 X3657

FILED SEP 16 1946

Registration District No. _____ Primary Registration District No. **1000** Registrar's No. **1013**

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: Sisters Hospital 6
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan **11**

(c) City or town St. Joseph **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 822 North 9th **7**
(If rural, give location)

(e) Citizen of foreign country? no **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret McDonald George

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1946 hour 7 minute P M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Harry L. George

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

7. Birth date of deceased March 11 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 25, 1946, to Sept 1, 1946, that I last saw him alive on Sept 1, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right femur-Paralytic Ileus and Pneumonia Hypostatic **Duration**

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

90	5	20	hr. min.
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Due to _____

Due to _____

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

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Rufus L. McDonald

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

14. Maiden name Mary Ann Wilson

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

Major findings: Of operations _____

Of autopsy 27 done **1860 15**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Frazier L. Ford

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 9/ 3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Nealon Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) Sept. 10, 1946 (b) J. J. Northcutt
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident **131**

(b) Date of occurrence Aug. 29, 1946

(c) Where did injury occur? St. Joseph, Buchanan Co., Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

While at work? no (e) Means of injury Falling

23. Signature H. L. Leman (M. D. or other) **118 0**

Address St. Joseph, Mo. Date signed 9-2-46

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

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, ~~.....~~.....

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

Signed Raymond W. Meredith
Licensed Embalmer No. 4413

P. O. Address 319 So 10th 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.