V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36126

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1336

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's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

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

(d) Street No. 914 South 20th St (If rural, give location) 7

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Garrick

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 Widow

6. (b) Name of husband or wife Antone

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

7. Birth date of deceased July 3, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	22	hr. min.

9. Birthplace Easton (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Lawrence Hollander 4
13. Birthplace (City, town, or county) unknown (State or foreign country) 1

MOTHER
14. Maiden name Catherine Tezech 4
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Joe Garrick

(b) Address 914 South 20th St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Dec. 4, 1946 (Date received local registrar) (b) E. C. Jenkins by Jane Mann (Registrar's signature) Deputy Reg.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 25 year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 11-25-46, 19 , to 11-25-46, 19 ; that I last saw h[illegible] alive on 11-25-46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage (Cerebral) — Duration 4 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

83A

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 0

23. Signature Floyd H. [illegible] (M. D. or other)

Address Kirkpatrick Bldg. St. Joseph, Mo. Date signed 11-26-46

382 (Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry

Licensed Embalmer No. 14212

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.