. S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 36134

Registrar's No. 1237

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: State Hospital #2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years, (Specify whether

In this community 7 months, 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ Jefferson 11

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

(d) Street No. 2330 Sulphur (If rural, give location) 7

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Francis Harper

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Thomas V. Harper

6. (c) Age of husband or wife if alive not Scaled years

7. Birth date of deceased ? (Month) ? (Day) 1900 (Year)

8. AGE: Years 46? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Fisher 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Mowman 11
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Records State Hospital #2

(b) Address St Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Saint Louis, Mo.

18. (a) Signature of funeral director Mrs E. R. Sidenfaden

(b) Address St Joseph, Missouri

19. (a) Nov. 6, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1946 hour 12 minute 04 P.M.

21. I hereby certify that I attended the deceased from March 12, 1946 to November 3, 1946; that I last saw her alive on November 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma of Pituitary Gland	21 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 55 F
Of autopsy

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 Delbert P. Johnson (M. D. or other) M.D.

Address State Hospital #2 St Joseph, Mo Date signed 11/3/46

(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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.