

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36143**
Registrar's No. **1234**

Registration District No. **42** Primary Registration District No. **1000**

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

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:
2713 Mary /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life (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. 2713 Mary /
(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 E. Komer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / **5. Color or race** White

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

6. (b) Name of husband or wife Joseph Komer

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 17 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business At Home

MOTHER FATHER

12. Name William Brady

13. Birthplace Craig Missouri /
(City, town, or county) (State or foreign country)

14. Maiden name Adelia Majors

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

16. (a) Informant Joseph Komer

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heaton Re Sole, Bowman

(b) Address St. Joseph, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-28
1946 to 11-31 1946

that I last saw her alive on 10/31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation **Duration** Several Mo

Due to _____

Due to _____

Other conditions RT. femoral thrombosis **10 RYS.**
(Include pregnancy within 6 months of death)

Major findings:
Of operations 99

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? _____

While at work? _____ (Specify type of place)

23. Signature M.E. Drums (M. D. or other) 0

Address St. Joseph, Mo. **Date signed** 11-4-46

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Raymond H. Marchand

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 *Raymond H. Marchand*.....

Licensed Embalmer No. *4413 A*.....

P. O. Address *319 S 10th St, Des Moines, Ia*.....

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.