

S. No. 2
M-5-43
5-17-39
I X3667

FILED DEC 9 1946
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH: Missouri Buchanan
(a) County Missouri Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
In this community 32 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. 6409 Grant St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Etta C. Marshall
3. (b) If veteran, name war: None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25, year 1946 hour 8 minute 05 A. M.
21. I hereby certify that I attended the deceased from 10/21/46 to 11/25, 1946
that I last saw her alive on 11/24, 1946
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: July 28, 1883
(Month) (Day) (Year)

Immediate cause of death: Intestinal Obstruction Duration 4 hrs
Due to Congenital Stenosis of Duodenum (Deformity)
Due to _____
Other conditions: Broncho Pneumonia 4 days
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
63 3 27 hr. min.

Major findings: Congenital Obstruction of Duodenum due to Stenosis
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Clay County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife
Home

11. Industry or business: _____

12. Name: Thomas Kephart

13. Birthplace: Unknown
(State or foreign country)

14. Maiden name: Cora Miller
(State or foreign country)

15. Birthplace: Clinton Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Opal Driver (daughter)

(b) Address: St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 11/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Opal Driver's home

18. (a) Signature of funeral director: John G. Miller
(b) Address: 6054 Pryor Ave., City

19. (a) Dec. 3, 1946 (b) B. B. Jenkins by Jess Mann
(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) no

(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: J. J. Thompson (M. D. or other) _____
Address: 825 Charles St. Joseph Date signed: 11/26/46

