

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

FILED DEC 17 1946

State File No.

Registration District No. 42

Primary Registration District No. 10000

Registrar's No. 1374

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)

(d) Length of stay: In hospital or institution 10 Hrs. (Hosp't.)
(Specify whether)

In this community Lifetime
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. 821 Sylvania St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Gill

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Gill

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 80 | | | hr. min. |

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1946 viewed 4 minute 00 A.M.

21. I hereby certify that I viewed the deceased from December 9, 1946 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when hit by automobile

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business None

12. Name Daniel Sweeney

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Johannah Ryan

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

16. (a) Informant John J. Sweeney

(b) Address Easton, Missouri

17. (a) Burial (b) Date thereof Dec. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kenneth W. Jenkins

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-12-46 (b) K. W. Jenkins
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy MDC 4

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

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

(b) Date of occurrence December 8, 1946 131

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

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

While at work? No (Specify type of place) (c) Means of injury Auto 2

23. Signature B. W. Tadlock (M. D. or other)
Address King Hill, Mo. Date signed 12/11/46

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, or by.....

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

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.