

S. No. 2
M-5-43
7. 5-17-39
1 X36671

FILED DEC 17 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1371

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:
508 Kemper St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years (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. 508 Kemper Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sallye Matilda Phoenix

3. (b) If veteran, name war no 3. (c) Social Security No. 1570

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Phoenix 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased March 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 2 hr. min.

9. Birthplace Lexington Mo. 10
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Domestic

12. Name John P. O'Hett

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Rankford
(b) Address 510 Kemper St.

17. (a) Burial (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander
(b) Address St. Joseph, Mo.

19. (a) Dec. 12, 1946 (b) E. B. Jenkins by J. M. [Signature]
(Date received local registrar) (Registrar's signature and address)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 27 1946 to Dec 4 1946
that I last saw her alive on Dec 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death As my opinion Mitral Regurgitation
Due to Chronic Hypertension

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Date signed 12/11

Duration
3 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

38010

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.....

Wm. H. Alexander

....., Registered Apprentice No. *402*.....

working under my personal supervision.

Signed.....

Frank A. Quinlan

Licensed Embalmer No. *1710*.....

P. O. Address *St. Joseph*.....

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.