

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 227
Registrar's No. 103

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
203 West Elk Street
(d) Length of stay: In hospital or institution
Most of her life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County BUCHANAN
(c) City or town St. Joseph
(d) Street No. 203 West Elk Street
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME IENNIE MAY GITCHELL
(b) If veteran, name war NO
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widow.
6. (b) Name of husband or wife George E. Gitchell
6. (c) Age of husband or wife if alive Dec 22nd, 1875

7. Birth date of deceased
8. AGE: Years 71 Months 1 Days 1

9. Birthplace La Crosse, Wisc.
Housewife.

10. Usual occupation Home.

11. Industry or business
12. Name Joseph Gipe
13. Birthplace Unknown.
14. Maiden name Lydia Bigby.
15. Birthplace Unknown.

16. (a) Informant Mrs. Dorothy Springs
(b) Address 203 West Elk Street

17. (a) BURIAL (b) Date thereof Jan. 27, 1947
Savannah Cemetery

18. (a) Signature of funeral director
(b) Address 602 South 10th Street

19. (a) 1-27-47 (b) L. B. Jenkins

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23rd
year 1947 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN

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

23. Signature
Address
Date signed

382 (Licensed Embalmer's Statement on Reverse Side)

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 *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.