

State File No.

FILED FEB 5 1947
 Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 139

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 D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days (Hosp't)
(Specify whether
 In this community 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL") 7
 (d) Street No. 2707 Renick St. D
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country *

3. (a) PRINT FULL NAME Mary Jeannette Madel
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive * years
 7. Birth date of deceased August 9 1946
(Month) (Day) (Year)

8. AGE:
 Years 0 Months 5 Days 17
 If less than one day
 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Frederick W. Madel

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

14. Maiden name Opal Mae McPike

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frederick W. Madel
 (b) Address 2707 Renick St.

17. (a) Burial (b) Date thereof Jan. 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Herman W. S. Sinden
 (b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-30-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
 year 1947 hour 1 minute 10 A.M.
21. I hereby certify that I attended the deceased from
Jan. 16, 1947 to Jan. 25, 1947;
 that I last saw her alive on Jan. 25, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (virus) and mixed.
 Due to malnutrition.
 Other conditions malnutrition.
(Include pregnancy within 3 months of death)

Duration

12 days

5 mis.

PHYSICIAN

Major findings:
 Of operations 109A
 Of autopsy 109A

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)
 (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
 Address 2023 Phyl & August Date signed 1-27-47

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, *Ernest 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.