

FILED JAN 20 1947
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph, in town Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 week
 (Specify whether
 In this community 17 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural, Washington Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 55 Ayr-Lawn Addition
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wardie E. Shroyer
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Roy W. Shroyer
 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased December 4 1915
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>11</u>	<u>4</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business at home

MOTHER FATHER
 { **12. Name** Denver F. Beaven
 { **13. Birthplace** Unknown Missouri
 (City, town, or county) (State or foreign country)
 { **14. Maiden name** Rebecca M. Duck
 { **15. Birthplace** Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy W. Shroyer
 (b) Address St. Joseph, Mo.
17. (a) Burial (b) Date thereof 1/10/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Lee Galis Bowman
 (b) Address St. Joseph Mo.

19. (a) 1-14-47 (b) H. L. Jenkins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
 year 1947 hour 2 minute 02 A M.

21. I hereby certify that I attended the deceased from 12/20/46
 _____, 19____ to 1/7/47, 19____;
 that I last saw her alive on 1/7/47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis Duration ?

Due to Pulmonary Tuberculosis

Due to _____

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

Major findings:
 Of operations 3/B
 Of autopsy _____

PHYSICIAN
 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)
 (a) Means of injury _____

23. Signature H. L. Jenkins (M. D. or other) 2/11/47
 Address St. Joseph Mo Date signed 1/5/47

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, ~~5007~~.....

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

Signed..... *Raymond W. Morehead*

Licensed Embalmer No. *4413 A*

P. O. Address. *319 So 10th 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.