

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5156**
Registrar's No. **4**

Registration District No. **15 1947**

Primary Registration District No. **5575**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Hickman Mills
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
103d & Grandview Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Hickman Mills **8**
(If outside city or town limits, write "RURAL")

(d) Street No. 103d & Grandview Road **1**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary St. Anthony CONSAMIOUS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 1945 to present
that I last saw him alive on Jan 19 1947
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 2, 1870
(Month) (Day) (Year)

Immediate cause of death _____ Duration

Due to Obstruction coronary vessel? heart - coronary sclerosis approx 4 yrs.

Due to Generalized arteriosclerosis - approx 15 yrs.

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

8. AGE: Years Months Days If less than one day

76 1 19 hr. _____ min.

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

10. Usual occupation Sister of Charity

11. Industry or business St. Catherine's Convent

12. Name Unknown **4**

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

14. Maiden name Unknown

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

16. (a) Informant Convent records

(b) Address St. Catherine's Convent

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) Jan 25 1947 (b) Dr. Anne B. Hedger
(Date received by registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy 94A

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? _____

23. Signature Frank J. Cooney (M. D. or other) _____
Address 1418 Professional Bldg Date signed 1-23-47
(Specify type of place) (If means of injury)

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.....

[Handwritten Signature]
Licensed Embalmer No: *2999*
P. O. Address: *[Handwritten]*

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.