

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7923

State File No.

FILED MAR 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 356

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2nd & Atchison Sts (Gr/500)
(d) Length of stay: 40 years
In this community 40 years

3. (a) PRINT FULL NAME BELLE DIAZ

3. (b) If veteran, name war None
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 Michael
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 12, 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Michael Diaz (Husband)

(b) Address 2nd & Atchison Sts., City

17. (a) Burial (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 6054 Pryor Ave., City

19. (a) 3-13-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2nd & Atchison Sts.,
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10, year 1947 hour 8:00 minute A. M.
viewed March 10th 1947

21. I hereby certify that I attended the deceased from March 10th 1947 to 1947
that I last saw him alive on 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) B. W. Tadlock
(e) Means of injury 3

23. Signature B. W. Tadlock (M. D. or other) COR ONER
Address KING HILL BLDG St. Joseph, Mo. Date signed 3/14/47

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

MOTHER FATHER

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.....

Poland D. Clark

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

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.