

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 Ruchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2516 So. 22nd Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Everingham

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 Ned Everingham

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 10 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER { 12. Name James L. Vest

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

14. Maiden name Laura Brown

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

16. (a) Informant Ned S. Everingham

(b) Address 2516 So. 22nd St., St. Joseph, Mo.

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

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1046 Colhoun St., St. Joseph, Mo.

19. (a) 3-18-47 (b) H. L. Jenkins
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2516 So. 22nd Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 3 minute 20A P.M.

21. I hereby certify that I attended the deceased from
Dec 1, 1941 19 to March 15, 1947 19
that I last saw her alive on March 14, 1947 19
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured abdominal aneurysm

Due to Arteriosclerotic heart disease

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy atol

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 W. H. Ball (M. D. or other) _____
Address 706 Francis St. Joseph Date signed 3/17/47

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri.....

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.