

S. No. 2
OM-543
v. 5-17-39
I X36671

8046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 378

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:
1520 So. 12th. St. /
(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 Lifetime
years, months or days

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. 1520 So. 12th. St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Johanna Whelan

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1947 hour 8 minute 00 A.M.

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: June 24 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14th 1947 to 19 :
that I last saw him alive on 19 :
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration _____

8. AGE:	Years	Months	Days	If less than one day
<u>66</u>	<u>8</u>	<u>20</u>		hr. _____ min. _____

Due to Acute Cold

Due to _____

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

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

10. Usual occupation None

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business None

PHYSICIAN _____

Underline the cause to which death should be charged statistically: _____

12. Name Jerimiah Whelan

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

14. Maiden name Mary Knight

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

16. (a) Informant Miss Mary Whelan

(b) Address 1520 So. 12th. St.

17. (a) Burial (b) Date thereof Mar. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Norman W. Sullivan

(b) Address 1802 Union St. St. Joseph, Mo.

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

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 car

23. Signature B. W. Tadlock (M. D. or other) _____

Address KING HILL BLDG 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

James H. O'Clanchan, Registered Apprentice No. *486*
working under my personal supervision.

Signed

Elmer 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.