

FILED MAY 12 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **586**

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

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether In this community 29 years.
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. 1212 So. 9th Street
(If rural, give location)

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

3. (a) PRINT-FULL NAME Nora Miller Rosson Beechner

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 Widowed

6. (b) Name of husband or wife John E. Beechner alive _____ years

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

7. Birth date of deceased April 17 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business hsw

12. Name Thomas Rosson

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

14. Maiden name Sarah E. Logan

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

16. (a) Informant Homer Beechner

(b) Address R.F.D. #3 St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 1, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meisbauer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 5-2-47 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 3
19 46 to April 28 19 47;
that I last saw h er alive on April 28 19 47;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus + thrombosis of both iliac arteries
Due to Heart thrombi from Endocarditis (Ch.)
Due to Arterio Sclerosis + Senility

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

Duration

PHYSICIAN

Major findings: no operation

Of operations _____

Of autopsy no

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature J. J. Thompson (M. D. or other)
Address 825 Charles St. J. Mo. Date signed 4/29/47

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.....

..... George Wingbermuehle, Registered Apprentice No. 508,
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.