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 7. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 9 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 694

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 Hospital  
(If not in hospital or institution, write street number or local address)  
 (d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)  
 In this community over 25 yrs

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. 1704 - Fifth Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAMIE-L-SHROYER  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 24  
 year 1947 hour 11:00 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Orville C. 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Feb 10 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 24 April 1947 to 24 May 1947;  
 that I last saw her alive on 24 May 1947;  
 and that death occurred on the date and hour stated above

8. AGE: Years 74 Months 3 Days 14  
hr. min.

Immediate cause of death Paralytic Pleur Duration 4 days  
 Due to Post op. resection of 8 days  
emphysema and ascending colon  
 Due to adenocarcinoma of hepatic 8-12  
flexure colon months  
 Other conditions Chronic cholecystitis and 4 years  
(Include pregnancy within 3 months of death) Chronic cholecystitis  
Arteriosclerotic Hard Arteries  
 Major findings: adenocarcinoma of colon  
with resection and side to side  
anastomosis  
 Of operations \_\_\_\_\_  
 Of autopsy none 465

9. Birthplace Madison Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Riley Dakin

13. Birthplace unk Dakota  
(City, town, or county) (State or foreign country)

14. Maiden name Mavis E. Cahell

15. Birthplace unk Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Bastin

(b) Address 1716 Buchanan St City

17. (a) B BURIAL (b) Date thereof May 27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director St. Joseph Hosp  
 (b) Address \_\_\_\_\_

19. (a) 6-2-47 (b) B. B. 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 \_\_\_\_\_  
 23. Signature Thompson P. Potter (M. D. or other) M.D.  
 Address 731. Faraday S.W. S.A. High 54 Date signed 26 May 47

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

MOTHER FATHER

Missouri

Bottom & W only

**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.....

Charles M. Harman....., Registered Apprentice No. 450  
working under my personal supervision.

Signed.....

John Roy Stamer

Licensed Embalmer No. 2435

P. O. Address: St. Joseph

**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.**