No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16618

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 640

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: 2726 So. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 years (Specify whether 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. 2726 So. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Frances Wren
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 Louis
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February (Month) 14th (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Cooper Co., (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

MOTHER FATHER
12. Name Peter Bachman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Louis Wren (husband)
(b) Address 2726 So. 19th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Thornton Cemetery Bayfield, Missouri
18. (a) Signature of funeral director Rupp Funeral Home
(b) Address 6054 Pryor Street
19. (a) 5-14-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1947 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from December 10, 1946, to May 4, 1947, that I last saw her alive on May 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Parkinsonian's Disease	1 Yr.
Due to Arteriosclerosis	5 Yrs.
Due to	
Other conditions XXXXXX (Include pregnancy within 3 months of death) XXX	
Major findings: Of operations XXX	
Of autopsy XXX	

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) XXX
(b) Date of occurrence XXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX
While at work? XX (Specify type of place) (e) Means of injury

23. Signature Charles H. Werner (M. D. or other)
Address Kirkpatrick Bldg. St. Joseph, Mo. Date signed 5-6-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.