

12-45
5-17-39
I X47070

FILED JUN 23 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 748

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:
2837 Renick St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 years (Specify whether years, months or days)

In this community 2 1/2 years

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. 2837 Renick St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Grace Imogene Rich

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 William Rich

6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased March 14 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>27</u>	hr. min.

9. Birthplace: King County Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

MOTHER FATHER

12. Name Silas Potter

13. Birthplace Unknown New York /
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Weir

15. Birthplace Unknown New York /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Herwig

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 6/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bollman

(b) Address St. Joseph, Mo.

19. (a) 6-16-47 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 1 minute AM

21. I hereby certify that I attended the deceased from March 16 to June 11 1947
that I last saw her alive on June 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion with myocardial infarction

Due to _____

Due to tuberculosis, general

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

Major findings:
Of operations _____
Of autopsy _____

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Louis S. Neudorff (M. D. or other) MD
Address 225 DuPont St. Date signed 6-11-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 25 1947

AUG 25 1947

1-10-1947

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 16th St. Jay, Ok

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.