No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No. 48

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26880

Registrar's No. 946

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. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community 43 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. 2211 So. 10th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Alice Peasner

3. (b) If veteran, name war No

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 Jacob Peasner

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August (Month) 13 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	72	11	19	hr. min.

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

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name Alma Talley
13. Birthplace Pattonsburg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name — Belcher
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Jacob Peasner

(b) Address 2211 So. 10th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/4/47 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

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

(b) Address St. Joseph, Mo.

19. (a) 8-11-47 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2nd year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 18, 1947, to August 2, 1947 that I last saw her alive on August 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon - Caecum	?
Due to: Pneumonia post operative	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 46E	

Major findings: Of operation: Resection right 1/2 colon 7-19-47

Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature L. E. Lenox MD (M.D. or other)

Address St. Joseph Mo. Date signed 8-2-47

Jefferson City Printing Co.

(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 Francis Wyland, Registered Apprentice No. 444, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3165 70th St. St. Joseph, M

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.