

FILED NOV 24 1947

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1382

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: 819 No. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... life
(Specify whether
In this community... 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. 819 No. 9 -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME Grace De Clue

3. (b) If veteran, name war... ✓ 3. (c) Social Security No. 491-09-0017

4. Sex... female 5. Color or race... white
6. (a) Single, widowed, married, divorced... single
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... Dec. 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 3 br. min.

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

10. Usual occupation... office -

11. Industry or business... Hardware -

12. Name... John DeClue

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

14. Maiden name... Helen (unknown)

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

16. (a) Informant... Frank De Clue

(b) Address... 819 N. 9 - St. Joseph Mo

17. (a) burial (b) Date thereof... 11/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Mt. Mora Cem.

18. (a) Signature of funeral director... Beaton - Bourman
(b) Address... St. Joseph Mo

19. (a) 11-21-47 (b) La L. Jenkins
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1947 hour 2:00 minute a.M.

21. I hereby certify that I attended the deceased from 5-19
1947 to 11-18 1947
that I last saw her... alive on 10-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... 10-18
Hepato-renal cirrhosis -
subacute heart failure

Due to...

Due to...

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

Major findings: " Of operations... none

Of autopsy... none

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 Harold J. Brown (M. D. or other)
Address St. Joseph, Mo. Date signed 11-18-47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

DEC 19 1949

JAN 12 1950

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 Joseph Wyland Jr...... Registered Apprentice No. *444*
working under my personal supervision

Signed *Frank A. Berman*

Licensed Embalmer No. *1710*

P. O. Address *St Joseph W*

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.