No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40942

FILED DEC 29 1947 42

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1510

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Missouri
(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 location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community About 35 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. 612 Concord Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Mary Etta Kent
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 William C.
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased May (Month) 28 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	17	hr. min.

9. Birthplace Luray Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business None
FATHER
12. Name S.A.Griggs
13. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Newcombe
15. Birthplace Fayette Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Buelah Steinman
(b) Address 1802 No. 3rd. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.17.47 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Missouri
18. (a) Signature of funeral director Herman W. Steinhaus
(b) Address 1802 Union St Joseph Mo.
19. (a) 12-26-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 3921

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1947 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from December 14, 1947, to December 15, 1947 that I last saw her alive on December 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	3 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Owen W. D. Craig (M. D. or other) MD
Address The Tootle Bldg. St. Joseph, Mo. Date signed 12-16-47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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. Elmer Thomas

Licensed Embalmer No. 2640

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.