FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

261

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 50

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

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: 1718 Pacific St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: mBuchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1718 Pacific St
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Ella Metz

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Herman

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

7. Birth date of deceased: August 15 1871
(Month) (Day) (Year)

8. AGE: Years 76 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace: Wapakoneta, Ohio
(City, town, or country) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: Home

FATHER
12. Name: James Mills
13. Birthplace: unknown unknown
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Filena Schafer
15. Birthplace: unknown unknown
(City, town, or country) (State or foreign country)

16. (a) Informant: Clara Metz
(b) Address: 1718 Pacific St, St. Joe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Mora Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 1-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 4, 1947 to Jan 12, 1948 that I last saw him alive on Jan 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	1 yr
Due to: Unknown	
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: Walter [illegible] (M. D. or other)

Address: 2802 Jule St. Joseph, Mo. Date signed: 1/14/48

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Victor Bassy

Licensed Embalmer No. 4212

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.