S. No. 2
—1/47
5-17-39

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. 7871

FILED APR 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 383

**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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 37 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. 311½ N. 9th Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marie Courtney

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 Tom Courtney

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July (Month) 18 (Day) 1879 (Year)

8. AGE: Years 68 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Taylor County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Peter Peterson

13. Birthplace Unknown (City, town, or county) Sweden (State or foreign country)

MOTHER

14. Maiden name Mary E. Bannister

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

16. (a) Informant Tom Courtney

(b) Address 311½ N. 9th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 4-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 492

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 24th year 1948 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 22, 1948, to March 24, 1948, that I last saw her alive on March 23, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Rupture of left ventricle | 1 min. |
| Due to Myocardial infarction | 2 days. |
| Due to Thrombosis descending branch of left coronary artery | 2 d. |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 940
Of autopsy Confirmatory

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 H. W. Carle (M. D. ~~or other~~)

Address 706 Francis St. Joseph, Mo. Date signed 3-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Earle
Pat S.

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.....Albert E. Harrington.....

Licensed Embalmer No.....3258 Missouri.....

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.