. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 7901

Registrar's No. 327

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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: 2222 Jules Str. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2222 Jules Str. 7
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CORA-E-KEPLEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Fem 1
5. Color or race wht
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife FRANKLIN P.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 19 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	85	6	24	..... hr. ..... min.

9. Birthplace Arrington (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name William Burwell
13. Birthplace unk (City, town, or county) unk (State or foreign country) 4
MOTHER
14. Maiden name Belinda Proctor 1
15. Birthplace unk (City, town, or county) unk (State or foreign country) 4
16. (a) Informant Glenn Kepley
(b) Address 2222 Jules, St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Mo.
18. (a) Signature of funeral director Stanley Funeral Home
(b) Address St Joseph Mo
19. (a) 3-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to arteriosclerosis and hypertension	
Due to	
Other conditions gangrene of foot & leg (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
83 Fl

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 0
23. Signature J. M. Cameron M.D. (M. D. ~~or other~~)
Address 207 S. 31st St Joseph Mo. Date signed Mar 13 1948

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

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

...as not present at time of ...n. G.T. Bloomer, M.D.

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.