No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7916

FILED APR 12 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 404

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Minutes (Specify whether
In this community Lifetime
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. 402 So. 11th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Margaret E. Pitthan
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 Widowed
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased September (Month) 7 (Day) 1861 (Year)

8. AGE: Years 86 Months 6 Days 26 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Patrick McNamarra
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Sarah Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mr. Martin F. Pitthan
(b) Address 402 So. 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4/3, 1948 to 4/3, 1948; that I last saw her alive on 4/3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	5 hrs
Due to Arteriosclerosis gen.	—
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94	

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 Frank H. Hardegan (M. D. ~~or other~~)
Address 620 Francis St. Joseph, Mo. Date signed 4/5/48

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.....Robert H. Gaple

Licensed Embalmer No. 3308

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.