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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 3 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 11542
Registrar's No. 481

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 5 Weeks (Specify whether
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 907 No. 13th. St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country *

3. (a) PRINT FULL NAME Mary E. Clay
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 None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased March 16 (Month) (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Doniphan County (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name James Flanagan
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Mary Jane Wood
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. George Howell
(b) Address 907 No. 13th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm Sedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Apr. 28, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 342

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Apr. 6, 1948, to Apr. 21, 1948
that I last saw her alive on Apr. 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Left lobar pneumonia — Duration 3 days
Due to Influenza — 2 wks
Due to Abscess of spleen due to unknown an infarct
Other conditions Gall bladder disease
(Include pregnancy within 3 months of death)
Arteriosclerosis general
Major findings:
Of operations
Of autopsy Same 3 3a

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 John L. Byrne (M. D. or other) 0
Address St. Joseph Mo Date signed 4-22-48

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 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.