FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11545

FILED APR 26 1948

Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 456

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: 1120 Felix, Geib Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 40 days (Specify whether years, months or days)
In this community: 40 years

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.: 1120 Felix St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Mary Cook
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: divorced
6. (b) Name of husband or wife: Not given
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: February 14, 1877 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Platte County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
12. Name (Father): Henry S. Harris
13. Birthplace (Father): unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name (Mother): unknown
15. Birthplace (Mother): unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Henry King
(b) Address: 104 Smith St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 4-22-48 (Date received local registrar) (b) H. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from February 19, 1948 to April 6, 1948 that I last saw her alive on April 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anemia — Duration: 2½ yrs.
Due to: ____
Due to: ____
Other conditions: Intertrochanteric Fracture of lf. hip (12-31-47)
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause of death which should be charged statistically.

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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: C. H. Werner (M. D.)
Address: Kirkpatrick Building, St. Joseph, Missouri Date signed: 4-7-48

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

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

APR 26 1949

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 Barry

Licensed Embalmer No. 4212

P. O. Address.....St Joseph m

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.

No. 2B
-3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 42 Primary Registration District No. 1 Dew Registrar's No. 456

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Dew

6. (b) Name of husband or wife

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

7. Birth date of deceased July 14 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September year 1948 hour minute 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.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide (specify)~~ accident

(b) Date of occurrence Dec 31 - 1947

(c) Where did injury occur? St Joseph Buchanan (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature G. B. Werner (M. D. or other)

Address 321 Kirkpatrick Bldg Date signed 12-27-1947

SUPPLEMENTARY

S-11545