No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. A2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11607

Primary Registration District No. 1000

Registrar's No. 518

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: Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9½ weeks (Specify whether years, months or days)
In this community: Life 9½ weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 38
(c) City or town: Stanberry 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Stanberry, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Ollie Angeline Petty
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Thomas Petty
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 13 (Day) 1886 (Year)

8. AGE: Years 62 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace: Stanberry (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation: At home
11. Industry or business: At home
FATHER
12. Name: John Ross
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: James Petty
(b) Address: St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stanberry, Mo.
18. (a) Signature of funeral director: Walter Bowman
(b) Address: St. Joseph, Mo
19. (a) 5-6-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 587

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 3-15-48, 19..., to 5-1-48, 19...; that I last saw her alive on 5-1-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	36 hrs.
Due to: 2nd & 3rd degree burns	8 wks
Due to:	
Other conditions: 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: 0	

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): Accident
(b) Date of occurrence: 3-15-48
(c) Where did injury occur? Bradley Country Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place) 38
While at work? yes (e) Means of injury: Burn
23. Signature: J. J. Ryan (M. D. or other) D
Address: St. Joseph Mo. Date signed 5-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, 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.