

FILED JUN 7 1948 42

1000

609

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buc Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 16 days
(Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buc Buchanan
(c) City or town St Joseph Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 915 So 18 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jennie Bell Falk

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 Widowed
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if

7. Birth date of deceased Dec 29 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
90	5	1		hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER { 12. Name William Sweeney
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record Hospital

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 6/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director John E. Pepp

(b) Address 6054 Pryor Ave. City

19. (a) 6-3-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 2:15 minute 0 M.

21. I hereby certify that I attended the deceased from 1-14 19 48 to 5-30 19 48
that I last saw her alive on 5-29 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
Duration

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/3/29
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).....
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature F. T. Thomas (M. D. or other) 0
Address St Joseph Mo Date signed 5-30-48

WRITE PLAINLY—USE 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.....

Grandal B. Stabe....., Registered Apprentice No. *# 213*
working under my personal supervision.

Signed *Roland D. Clark*.....

Licensed Embalmer No. *4477*

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.