

National Office of Vital Statistics
FILED JUN 21 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 649

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 405 East Highland, Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertrude Cora Conner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank H. 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 4 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

✓ 59 6 0 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Charles Frederick

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

14. Maiden name Scholl Chrestin

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

16. (a) Informant Mr. Frank H. Conner

(b) Address 405 E. Highland, St. Joseph, Mo.

17. (a) burial (b) Date thereof 6-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director St. Joseph, Missouri

(b) Address St. Joseph, Missouri

19. (a) 6-14-48 (b) E. G. Perkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 405 East Highland, Avenue
(If rural, give location)

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

* If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Oct 19, 1948 to June 4, 1948
that I last saw him alive on 4 June 48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon
Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 464

Of autopsy

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

(a) Accident, suicide, or homicide (specify) _____ 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? _____ Means of injury _____

23. Signature E. G. Perkins (M. D. or other) 4 June 48

Address St. Joseph Date signed _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JUL 21 1948

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..... *Charles M. Harmer*

Licensed Embalmer No..... 4487

P. O. Address..... *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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