FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18738

FILED JUL 6 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 697

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 45 Years years, months or days)

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. 913 North 12th St. (If rural, give location)

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

If yes, name country *

11 1 7 0

3. (a) PRINT FULL NAME Mary Ann Eggleston

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 John P. Eggleston

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

7. Birth date of deceased October (Month) 5 (Day) 1865 (Year)

8. AGE: Years 82 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Frank Antle
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Ed R. Eggleston

(b) Address 625 North 24th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Herman Wm Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) June 30, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 26, 1948, to June 27, 1948; that I last saw her alive on June 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	24 hrs.
Due to: Arteriosclerosis, General	5 yrs
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
Of autopsy

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 H. F. Earle (M. D. ~~or other~~)

Address St Joseph, Mo Date signed 6-28-48

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....Robert L. Gaple.....

Licensed Embalmer No.....3308.....

P. O. Address.....St Joseph, M

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

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