FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18776

FILED JUN 21 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 659

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

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Jefferson 999

(c) City or town: Nortonville 14 (If outside city or town limits, write "RURAL")

(d) Street No.: General Delivery 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Kathryn SHELL

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 2

6. (b) Name of husband or wife: Henry

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

7. Birth date of deceased: September (Month) 14, (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 28 — If less than one day ... hr. ... min.

9. Birthplace: Cincinattie (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation: Housekeeper

11. Industry or business: Home

MOTHER FATHER

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Roberta Barker

(b) Address: 202 So. 24th St., City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Norotnville, Kans.

18. (a) Signature of funeral director: John E. Kupp

(b) Address: 6054 Pryor Ave., City

19. (a) 6-15-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 383

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-10, 1948 to 6-12, 1948; that I last saw her alive on 6-12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Perforated Sigmoid Colon (Diverticulum) approx 3 days	
Due to:	
(2) Pelvic Abscess (From above)	"
(3) Gangrene of Left Leg (Due to above abscess)	"
Other conditions: B. Coli (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 139 W
Of autopsy: As Above

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: Wm B. Rash M.D. (M.D., other) 0

Address: 510 Corby Bldg Date signed: 6-12-48

St. Joseph, Mo.

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

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

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 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 wi the above constitutes grounds for revocation of license.)

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