

FILED AUG 30 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **891**

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 **State Hospital #2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 yrs. 9 mos. 10 days**
(Specify whether years, months or days)
 In this community **10 yrs. 9 mos. 10 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**
 (c) City or town **Richmond**
(If outside city or town limits, write "RURAL")
 (d) Street No. **✓**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **MAMIE DePRIEST**

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

7. Birth date of deceased **Feb. 26, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	24	hr. min.

9. Birthplace **2d Facts Powell, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER {
 12. Name **2d Facts St. M. F. Moore**
 13. Birthplace **Wright Co. Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **2d Facts Harriet Patton**
 15. Birthplace **Shairnee Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver Marcha**

(b) Address **1515 Seminary Ave., Detroit, Mich.**

17. (a) **Burial** (b) Date thereof **Aug. 25, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **8-2X-48** (b) **E. A. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **20**
 year **1948** hour **14:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 20**
 19**48**, to **Aug 20** 19**48**;
 that I last saw her alive on **Aug. 19** 19**48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral arteriosclerosis 2d facts**

Due to.....

Due to.....

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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 **Forest H. Jones** (M. D. or D. O.)
 Address **1242 E. M. Water** Date signed **8/20/48**

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

9484

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..... *Albert C. Harrington*

Licensed Embalmer No. *3285*

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.