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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED NOV 16 1948**  
Registration District No. 42

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **35699**  
Registrar's No. **1178**

Primary Registration District No. **1000**

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

**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's Hospital 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 52 years  
years, months or days)

**3. (a) PRINT FULL NAME** Clara Metz  
**3. (b) If veteran,** no **3. (c) Social Security No.** no  
name war

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** divorced  
**6. (b) Name of husband or wife** Not given **6. (c) Age of husband or wife if alive** years  
**7. Birth date of deceased** May 1, 1896  
(Month) (Day) (Year)

**8. AGE:** Years 52 Months 5 Days 26 If less than one day  
hr. min.

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

**10. Usual occupation** housewife

**11. Industry or business** home

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

**16. (a) Informant** Mrs Cecelia Gritz  
**(b) Address** 1123 N 3rd St, St. Joseph, Mo.

**17. (a) Burial** **(b) Date thereof** 10-30 -48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director** Barry Funeral Home  
**(b) Address** St. Joseph, Mo.

**19. (a) 11-6-48** **(b) E. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

**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. 1718 Pacific St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 27  
year 1948 hour 5 minute P M.

**21. I hereby certify that I attended the deceased from** October 22, 1948 to October 27, 1948  
that I last saw him alive on October 27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 5 days

~~Other~~ **Other Conditions:** Epileptic, Old Ukn

Due to  
Other conditions (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) (Specify means of injury)

**23. Signature** Edwin W. Stacey (M. D. or D.O.)  
Address The Tootle Bldg. Date signed 10-28-48  
St. Joseph, Mo.

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**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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address. PT Beach me

**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.**