No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39446

State File No.

FILED DEC 27 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1366

WRITE PLAINLY—USING 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 Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ days (Specify whether
In this community 21 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. 2502 South 6th, St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice C. Wilson

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 Divorced

6. (b) Name of husband or wife John

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

7. Birth date of deceased October (Month) 23, (Day) 1885 (Year)

8. AGE: Years 63 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Unk (City, town, or county) Iowa (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

FATHER
12. Name unk
13. Birthplace unk (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) UNk (State or foreign country)

16. (a) Informant Mrs. Helen Kindred
(b) Address 1714 So.9th,-St. Joseph,MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Stanley Funeral Home
(b) Address St. Joseph, Missouri

19. (a) 12-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13, year 1948 hour 12 minute 40 a.M.

21. I hereby certify that I attended the deceased from December 9, 1948 to December 13, 19..; that I last saw her alive on December 12, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

830

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 Owen W. Craig (M. D. ~~[illegible]~~)

Address The Tootle Building Date signed 12-15-48

St Joseph, Mo.

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 George A. Kerby, Registered Apprentice No. 264, working under my personal supervision.

Signed John Roy Clancy

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.