

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4073**

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 272	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 917 Patee Street				d. STREET ADDRESS (If rural, give location) 917 Patee Street			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie		b. (Middle) Mae		c. (Last) Gresham		4. DATE OF DEATH (Month) (Day) (Year) 3 3 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 9		8. DATE OF BIRTH 2-5-1889	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months — Days 28		IF UNDER 24 HRS. Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Savannah, Georgia		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Robert L. Waldron			13b. MOTHER'S MAIDEN NAME Doshia Gordon			14. NAME OF HUSBAND OR WIFE Vessie Gresham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wayman B. Waldron		ADDRESS 805 So. 34th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis					
		ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of The cervix				28 months	
		DUE TO (c) mit					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recto-vaginal fistula; Cachexia					
19a. DATE OF OPERATION Oct 25 '46		19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix - extensive				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 12 , 1948, to March 3 , 1949; that I last saw the deceased alive on March 3 , 1949, and that death occurred at 2:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.C. Williamson, M.D.				23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 3/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-1949		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
DATE REC'D BY LOCAL REG. Mar 9, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander		ADDRESS St. Joseph, Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Wm. H. Alexander

Signed
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St Joseph, Mo

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.