No. 2
4-13-40
5-17-39
I X23159

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

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41873

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1317

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2902 Renick Street, (If not in hospital or institution, write street number or location)

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

In this community 12 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Buchanan

(c) City or town: Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No.: 2902 Renick Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Grace Mary Cary,

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: Married,

6. (b) Name of husband or wife: Emerson J. Cary,

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: May 15, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	0	hr. min.

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

10. Usual occupation: At Home,

11. Industry or business: ?

MOTHER FATHER

12. Name: Unknown,

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

MOTHER

14. Maiden name: Unknown,

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

16. (a) Informant: Emerson J. Cary

(b) Address: 2902 Renick Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director: Heaton-Blake & Bowman Funeral Home

(b) Address: 319 So. 10th. Street,

19. (a) 12-17-'40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th. year 1940 hour 9:00 minute 35 p.m.

21. I hereby certify that I attended the deceased from Aug-18, 1937, to Dec 15, 1940 that I last saw her alive on Dec 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	11-27-40
Due to: Cerebral Arteriosclerosis (?)	
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? (Specify type of place): —

While at work? (e) Means of injury: —

23. Signature: [signature] (M. D. or other) MD

Address: St. Joseph Mo Date signed: 12/16/40

(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 12-15 ..., Registered Apprentice No. ..... working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. [illegible]

P. O. Address 3 C 9 So 10 St [illegible]

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.