No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13934

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 416

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: 2209 South 14th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 52 years

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.: 2209 South 14th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Kathryn German
3. (b) If veteran, name war: none
3. (c) Social Security No. 491-09-6691
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 23 (Day) 1888 (Year)

8. AGE: Years 52 Months 4 Days 16 If less than one day hr. min.

9. Birthplace: St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Seamstress
11. Industry or business: Smith Bros
FATHER
12. Name: Patrick Gorman
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Wood
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Elizabeth Gorman
(b) Address: 2209 South 14th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral Home
(b) Address: 218 South 1d St
19. (a) Apr 17 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1941 hour minute 7 P. M.
21. I hereby certify that I attended the deceased from March 18 1941, to April 5, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of both Breasts — 2 years
metastasis to right arm — 3 m
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 5 D

Major findings: Of operation: Removal of both Breasts
Of autopsy: none

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: Charles H Verner (M. D. or other) M. D.
Address: 221 Kirkpatrick Bldg Date signed: 4-11-1941

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 B. J. Brentlinger

Licensed Embalmer No. 4301

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.