

Registration District No. 85

Primary Registration District No. 1001

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 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 da.
(Specify whether years, months or days)
 In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan 11
 (c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
 (d) Street No. 3523 Olive
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MATTIE J. DuPONT
 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 Herbert E. DuPont
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Jan. 15th. 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 4
If less than one day hr. min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Olef Johnson
 13. Birthplace Unknown Sweeden 4
(City, town, or county) (State or foreign country)
 14. Maiden name Ingrid Maxie Palm
 15. Birthplace Unknown Sweeden 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freid Wade
 (b) Address 3523 Olive St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4--22--41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.
 (b) Address St. Joseph, Mo.

19. (a) Apr 22-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 19th.
 year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 6
1941, to April 19, 1941.
 that I last saw her alive on April 15, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism 5 da
 Duration

Due to Appear defective 4-6-41

Due to _____ 121

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Ac. Appendicitis
 Of autopsy no
 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) no
 (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?

85 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address St Joseph Mo Date signed 4-22-41

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

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 WEL

....., Registered Apprentice No.
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

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.