

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 449

1. PLACE OF DEATH: Buchanan
 (a) County _____
 (b) City or town St Joseph Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Joseph's Hospital 11
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9/28/40 to 4/22/41
 (Specify whether _____)
 In this community Sept 28 1940 to April 22-41
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clair 31
 (c) City or town Pattersonburg Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Dora E. Ambrose

(b) If veteran, name war _____ (c) Social Security No. 493-18-1558

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 23 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>55</u>	<u>8</u>	<u>29</u>	hr. _____ min.

9. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Practical Nurse

12. Name John H. Meyer (Deaf)

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

14. Maiden name Mary E. Ferguson (Deaf)

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

16. (a) Informant Elvora Montague

(b) Address 2236 Francis St

17. (a) Burial St Joseph Mo (b) Date thereof April 22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Fall Mo

18. (a) Signature of funeral director Ed Gomer

(b) Address Pattersonburg Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9-28-40 to 4-22-41;
that I last saw her alive on 4-22-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Metastatic Carcinoma 2 yrs
 Due to Carcinoma of breast 5 yrs
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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? 85

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

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

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed *G. L. Gromer*
Licensed Embalmer No. 2857
P. O. Address Pattonburg 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.