DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31103

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph O.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph 11
(If outside city or town limits, write "RURAL")

(d) Street No. 912 Parnell St 1 D
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Paddock

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 Widow

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Jan (Month) 11 (Day) 1867 (Year)

8. AGE: Years 74 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Cameron (City, town, or county) Mo (State or foreign country) D

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Albert Banbie
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Hamilton
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country) D

16. (a) Informant Mrs John Dolan

(b) Address 1413 Ridenbaugh St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Mora Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St

19. (a) Sept 9, 1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1941 hour 4 minute 00 A M.

21. I hereby certify that I attended the deceased from Sept 5, 1941, to Sept 5, 1941; that I last saw her alive on Sept 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	9/5/41
Due to Chr Endocard.	-
Due to —	
Other conditions Anaemia (Include pregnancy within 3 months of death)	-

94a

Major findings:
Of operations —
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 D

23. Signature [illegible] (M. D. or other) M. D.

Address [illegible] Date signed 9/8/41

(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 Victor J. Barry.

Licensed Embalmer No. 1421

P. O. Address St. Jo. Mo.

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

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