

Registration District No. 85

Primary Registration District No. 1001

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

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:
923 North 12th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 29 years 1 month 18 days
(Specify whether years, months or days)

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. 923 North 12th. Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Edith Dolores Sollars

3. (b) If veteran, name war

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 Warren T. Sollars

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased November 11 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1942 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 28 - 10:30 P.M.
1942, to Jan 29 - 1942
that I last saw her alive on Jan 29 - 1:16 A.M., 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>2</u>	<u>18</u>	hr. min.

Immediate cause of death

Branchio pneumonia Duration 5 days

Due to Bad cold one week then pneumonia

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Fred R. Beattie

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

14. Maiden name Bessie Collins

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

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? _____

16. (a) Informant Warren T. Sollars

(b) Address 923 North 12th St., St. Joseph, Mo

17. (a) Burial (b) Date thereof 1-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

23. Signature C. W. Sampsone (M. D. or other) D

Address Old Corby Bldg., St. Joseph Date signed Jan 29 1942

18. (a) Signature of funeral director Halter Meischerhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo

19. (a) 1-30-1942 (b) C. W. Sampsone
(Date received local registrar) (Registrar's signature)

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.....

Chas J Ester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.