

FILED APR 15 1942

State File No.

Registrar's No.

342

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(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
(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... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 002
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#2. St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Verda Ann Foutz

3. (b) If veteran, name war

None

3. (c) Social Security No.

500-07-9000

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Foutz

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 3 1898

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

43

11

28

hr.

min.

9. Birthplace

Andrew County Missouri

(State or foreign country)

10. Usual occupation

Restaurants Employee
Feidlers Cafeteria

11. Industry or business

William P. Sayles

12. Name

Unknown

Virginia

14. Maiden name

Mary Elizabeth Monahan

15. Birthplace

Unknown

Penn.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Roy Foutz

(b) Address

R.R.#2. St. Joseph, Mo.

17. (a)

Burial

(b) Date thereof

Apr. 4, 1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Olive Cemetery

18. (a) Signature of funeral director

Arman W. Schaefer

(b) Address

1802 Union Str. St. Joseph, Mo.

19. (a)

April 2-42

(b)

H. H. Matthews

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1942 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from 19 March 1942 to 31 March 1942
that I last saw her alive on March 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism
Duration: Mar 31/42
Due to: Phlebotomy left leg Mar 27/42

Other conditions: III a
(include pregnancy within 3 months of death)

Major findings:
Of operations

Pul. Embolism

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?

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

23. Signature: J. H. Van Dusen (M. D. or D. O.)
Address: R. R. #2, St. Joseph, Mo.

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

MAY 29 1946

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.....

Albert B. Harrington

Licensed Embalmer No.....

3208

P. O. Address.....

St. Joseph, 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.