

FILED APR 18 1942

Registration District No. **315**

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:
Flanagan Nursing Home 2018 Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years. 4
(Specify whether years, months or days)

In this community 65 years
(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. 2501 Seneca Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Green Underwood

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife J.D. Underwood

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 16 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace Green County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Viola Roesle

(b) Address 1318 N. 22nd Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Siedenfader

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) March 27-42 (b) H. J. Mathias
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1942 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 16
1942 to March 25, 1942
that I last saw her alive on March 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Alcitra Maria
Smelly of Arteria Schlowes 1942

Due to _____

Due to Arteria Schlowes 20 Feb

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

Major findings: 1628

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? _____

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

23. Signature H. J. Mathias (M. D. or other) MD
Address 109 W. 7th St. St. Joseph, Mo. Date signed 3/26/42

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 E. Harrington

Licensed Embalmer No.....

3258

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.