S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23642

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2945

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. St Teresa's College 5700 Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SISTER MARY HARRIET (TOURVILLE)

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 28 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	3	hr. min.

9. Birthplace Dallas Bay (City, town, or county) Michigan (State or foreign country)
10. Usual occupation (NUN) Teacher
11. Industry or business

FATHER
12. Name Dolphia Tourville
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Mary Fournier
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mother Superior
(b) Address St Teresa College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys
18. (a) Signature of funeral director J. F. O'DONNELL CO
(b) Address 3256 Broadway K.C. MO.
19. (a) 8-4-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1942 hour 10:50 minute A M.
21. I hereby certify that I attended the deceased from 4-1, 1942, to 8-1, 1942 that I last saw her alive on Aug 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Metabolic Failure + Lowered Body Resistance
Due to Intestinal Fistula
Due to Jejuno-gastric resection
Other conditions Numerous Intestinal Adhesions (Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal fistula and adhesions
Of autopsy Fistula of large + small intestine, adhesions in peritoneal cavity

Duration

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
23. Signature [signature] (M. D. or other)
Address 736 Argyle Bldg Date signed 8/3/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.