

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 137

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:
Saint Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days) 53 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Powell Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Barbara Floyd,

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, Widowed,

6. (b) Name of husband or wife Charles N. Floyd, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 3rd, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 27 hr. min.

9. Birthplace Doniphan, Kansas, 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name Nicholas Werner,

13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schietzbaum,

15. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon L. Floyd,

(b) Address 1211 Powell Street, St Joseph Mo

17. (a) Burial (b) Date thereof 2/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Heaton B. Brownman, Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) 2-1-43 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th,
year 1943 hour 5:00 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 30 1943
that I last saw her alive on January 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 15 days
Also had Cerebral Thrombus with
Due to Left Paralysis
Known to have had arterio sclerosis
Due to with arterio sclerosis heart trouble
and ann. fluctuation for years
Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy

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) Means of injury 0

23. Signature R. J. Brown (M. D. or other) MD
Address St Joseph Mo Date signed 2-1-43

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

MOTHER FATHER

1255

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

1/30/43

Registered Apprentice No.

working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No.

3619

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.