

FILED FEB 23 1943

Registration District No. 42

Primary Registration District No. 1000

175

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 1720 No 3rd 1
(d) Length of stay: In hospital or institution over 50 yrs
In this community over 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 1720 No 3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME NETTIE TETHEROW

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color of race White
6. (b) Name of husband or wife John M Tetherow
7. Birth date of deceased June 21 1864

8. AGE: Years 78 Months 7 Days 14

9. Birthplace Mo Ind

10. Usual occupation at home - Housewife

11. Industry or business

12. Name Andrew Mc Gregor
13. Birthplace 4 Scotland
14. Maiden name Jennie Thompson
15. Birthplace 4 Scotland

16. (a) Informant Pearl M Tetherow

(b) Address 201 Monroe St

17. (a) (b) Date thereof Feb 8 - 43

(c) Place: burial or cremation ashland cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St Joseph Mo

19. (a) 2-8-43 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1943 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from Jan 26 1943 to Feb 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bacterial Pneumonia
Due to: Influenza

Other conditions: 107

Major findings: Of operations

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?
(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

23. Signature W. H. E. Sturkey M.D.
Address St Joseph, Mo Date signed 2-6-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

Wm. J. ...

MAY 28 1959

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 _____
Licensed Embalmer No. 2435
P. O. Address _____
H. Joseph ...

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.