S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27697

Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 918

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: 2018 Francis St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution over 6 yrs. (Specify whether years, months or days) In this community abt 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 413 S Highland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: JOSEPHINE (JOSIE) R. DEMPSEY

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Fem

5. Color or race: Wht

6. (a) Single, widowed, married, divorced: Wid

6. (b) Name of husband or wife: John

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

7. Birth date of deceased: Sept 21 (Month) 1865 (Day) (Year)

8. AGE: Years 77. Months 10 Days 29 If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: Alois Bolk
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Josephine Odsing
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Edna Dempsey Mayer
(b) Address: St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 8-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cem.

18. (a) Signature of funeral director: Roy Stamey
(b) Address: St Joseph Mo

19. (a) 8/23/43 (Date received local registrar) (b) Rae Hizon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1943 hour 2: minute a. M.

21. I hereby certify that I attended the deceased from June 10, 1943 to Aug 20, 1943 that I last saw her alive on June 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 mon

Due to:

Due to: Gall

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

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H. Elliott (M. D. or other) Phy
Address: 8 S 3 Francis St Date signed: 8-20-43
St Joseph, Mo

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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 John Roy Stanney

Licensed Embalmer No. 2435

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.