

FILED NOV 9 1943
Registration District No.

Primary Registration District No. 1000

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:
 St Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community Life
 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. 3212 Jackson
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Jennie Bell Bucher
 3. (b) If veteran, name war No
 3. (c) Social Security No No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Bucher
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased May 11 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 46 4 28 hr. min.

9. Birthplace St Joseph, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
 12. Name John R. Pettigrew
 13. Birthplace Dekalb, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Rosanna Tucker
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant George Bucher
 (b) Address 3212 Jackson St.

17. (a) Burial (b) Date thereof 10-11-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem
 18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address St Joseph, Mo.

19. (a) 10/11/43 (b) Roe Henry
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
 year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from
 Oct. 4 1943 to Oct 9 1943
 that I last saw her alive on Oct 9 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pyonephrosis
 Cerebral Chr.
 Due to

Duration 6 months
 197

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1330
 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)

23. Signature: Grant W. DeLeon
 670 Spruce St. Joseph, Mo.
 (M. D. or other)
 Date signed 10-11-43

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

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..... *Robert H. Yapple*

Licensed Embalmer No. *3308*

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.