

No. 2
-5-43
-17-39
X36671

FILED MAR 22 1944
Registration District No. 224

Primary Registration District No. 1000

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: 705 So. 34th St., (Home)
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 years
(If not in hospital or institution, write street number or location)

In this community Lifetime (Specify whether 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. 705 So. 34th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma J. DeSpain

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14, year 1944 hour 8: minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 14 1944 until Feb 14 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased March 12, 1888
(Month) (Day) (Year)

Immediate cause of death Acute Broncho Pneumonia Duration 3 days

Due to General Arterio Sclerosis 99 yrs

8. AGE: Years 75 Months 11 Days 2 If less than one day hr. min.

Due to Woman died following a six months disability of partial paralysis and general debility

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

Major findings: no

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

10. Usual occupation Housekeeper

PHYSICIAN 107

Underline the cause to which death should be charged statistically.

Of autopsy no

11. Industry or business Home

12. Name Mack Tallent

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hockaday

15. Birthplace Missouri (City, town, or county) (State or foreign country)

22. If death was due to external cause, 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? _____

16. (a) Informant Elizabeth White (Daughter)

(b) Address 705 So. 34th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/44 (Month) (Day) (Year)

(c) Place: burial or cremation John E. Papp

18. (a) Signature of funeral director John E. Papp

(b) Address 6054 Pryor Ave., City

19. (a) 2-16-44 (Date received local registrar) (b) Rose Dezag (Registrar's signature)

23. Signature H. J. Mundy (M. D. or other) Coroner

Address 404 1/2 3rd St. St. Joseph Mo. Date signed 2/16/44

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

1233

