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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

Registration District No. 72

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1000

Registrar's No. 666

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:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 522 E. Kansas Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret A. Black

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred J. Black

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Dec. 14, 1912 (Month) (Day) (Year)

8. AGE: Years 31 | Months 5 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Ray Ritchie
13. Birthplace White Cloud, Kansas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Trobie Lemley
15. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Fred J. Black
(b) Address 522 E. Kansas Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Fred & Clark Mortuary
(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 6/12/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from May 24, 1944 to June 7th, 1944
that I last saw her alive on June 7th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Puerperal Septicemia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

147 b

Duration

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 Dr. John Hartsock (M.D. or other) D.O.
Address 222-24 Logan Bldg Date signed 6-9-44

1377

(Licensed Embalmer's Statement on Reverse Side)

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 June 7, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Earl A. Olick

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.