

FILED OCT 9 1944
Registration District No. 7002

Primary Registration District No. 7002

Registrar's No. 970

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: 1517 Jule
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 84 years
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") 7
(d) Street No. 1517 Jule
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME ELIZA L SOMMER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William L. Sommer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 26 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name James Bowen
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Fairbanks
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louis J. Sommer
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 9/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Walter Beckler & Bowman

(b) Address 319 South 10th

19. (a) 9/30/44 (b) Walter J. Beckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to Sept 28 1944
that I last saw her alive on Sept 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of heart
Duration _____

Due to _____

Due to _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Bowman (M. D. or other) _____
Address 670 Francis St. Joseph, Mo. Date signed 9/29/44

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

Kirkpatrick Body

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 Frank A. Conway
Licensed Embalmer No. 1710
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.