

FILED JAN 24 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 34

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:
319 North 20th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(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. 319 North 20th
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jean Dale Story

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 Widowed

6. (b) Name of husband or wife Benjamin S. Story 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Wm. St. John Elliott Marshall

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

14. Maiden name Constance Blessing Runcle

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

16. (a) Informant Mrs. Elliott Marshall

(b) Address 319 North 20th

17. (a) burial (b) Date thereof 1/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

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

(b) Address 319 So. 10th

19. (a) 1/15/45 (b) Walter B. Hale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
 year 1945 hour 1 minute 13 A. M.

21. I hereby certify that I attended the deceased from 11.10.40, 19____, to 1.18.45, 19____;
 that I last saw him aw alive on 1.17.45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypovolemic pneumonia Duration 3 days

Due to Parkinsonism 25 yrs

Due to _____
 Other conditions gmc
(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 Walter B. Hale (M. D. or other) _____

Address St. Joseph Mo. Date signed _____

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

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Mr. J. H. Ryan
301 N. 9th

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. Baumgardner

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.