

FILED JAN 31 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1814 Susannah Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph //
(If outside city or town limits, write "RURAL")

(d) Street No. 1814 Susannah Ave /
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. FRANCIS AMY WHEAT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray O Wheat 6. (c) Age of husband or wife if 39 years

7. Birth date of deceased FEB 15 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Kilbey

13. Birthplace Kans / (State or foreign country)

14. Maiden name Charlotte Ray

15. Birthplace Howard Co Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant M. O. Wheat

(b) Address St Joseph

17. (a) Burial (b) Date thereof Jan 16 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mac. Cem

18. (a) Signature of funeral director: Stanley James Home

(b) Address 2335 St Joseph Ave

19. (a) 1-16-45 (b) Robert D. Peck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1945 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 4 1945 to Jan 14 1945 that I last saw her alive on Jan 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Marie depression
psychosis

Due to _____

Duration 3 mo

Due to _____

Other conditions Refused to eat
(Include pregnancy, within 3 months of death)

drink

Major findings: Of operations _____

Of autopsy JHC

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) (c) Means of injury _____

23. Signature Leslie Beck (M. D. or other) _____

Address 1034 St Joseph Ave Date signed 1/15/45

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

FEB 16 1945

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.....

John Roy Stamer

Licensed Embalmer No. *2435*

P. O. Address..... *St. Joseph*

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.