

FILED DEC 7 1945
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Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1209

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: Mo Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day
(Specify whether In this community 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. 903 Roosevelt 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Joyce Gay Brown

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1945 hour 12 minute 509 M.

21. I hereby certify that I attended the deceased from Nov 12, 1945 to Nov 14, 1945
that I last saw h^e alive on Nov 14, 1945
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 single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Nov. 12 1945
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Alfred W. Brown

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

14. Maiden name Ether J. Ritter

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

16. (a) Informant Alfred W. Brown
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 11/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Behler & Bauerman

(b) Address 319 So. 14th

19. (a) Nov 15, 1945 (b) J. D. Dittkeas
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. D. Dittkeas (M. D. or other) _____
Address St. Joseph, Mo. Date signed 11-14-45

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

Dr. N. E. Peterson
Rock Bluff.

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. Dunning

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.