

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 77

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Life
years, months or days

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. 2817 North 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BIRDIE-PEARL-PAGE
3. (b) If veteran, name war WW
3. (c) Social Security No. 211

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18
year 1946 hour 5:30 minute a. M.

4. Sex Female 5. Color or race whit
6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Levin C. Page
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 24 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 45, 1945 to Jan. 18, 1946;
that I last saw her alive on Jan. 17, 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 6 Days 24
If less than one day hr. _____ min. _____

Immediate cause of death acute coronary thrombosis
Duration 1 day

9. Birthplace Buchanan Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Due to Hypertension 1 yr.
Chronic myocarditis 1 yr.
Cardiac decompensation 1 wk.

11. Industry or business _____
12. Name Matthew P Anderson
13. Birthplace Platte Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Carson
15. Birthplace Platte Co Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Earl B. Page
(b) Address St. Joseph Mo
17. (a) B (b) Date thereof Jan 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy X A3rd

18. (a) Signature of funeral director Glenn Fernald
(b) Address St. Joseph Mo
19. (a) Jan. 22 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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 Cabrey Wortley, Jr. (M. D. or other)
Address St. Joseph Mo Date signed 1-18-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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 Stamey*
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.