

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 14 1946
Registration District No. **276**

Primary Registration District No. **4410**

1802
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. James
 (b) City or town St. James MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 15 years
 years, months or days

3. (a) PRINT FULL NAME Edna Preuss

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Otto Preuss 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov 4 - 1876
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Richard West

13. Birthplace Kansas City MO
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Bryan

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

16. (a) Informant St. James
 (b) Address St. James MO

17. (a) Burial (Burial, cremation, or reposal) (b) Date thereof 1-31-46
 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washburn, MO

18. (a) Signature of funeral director Orrel L. Phillips
 (b) Address St. James MO

19. (a) Jan-29-46 (Date received local registrar) (b) Lora E. Birmingham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81

(c) City or town St. James 3
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29
 year 1946 hour 1 minute 309 M.

21. I hereby certify that I attended the deceased from June 1943 to Jan 29 1946
 that I last saw her alive on Jan 28 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Right 2 who
metastasis from R breast 3 yrs

Due to lung

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations 50

Of autopsy _____

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 William H. Brewer (M. D. or other) _____
 Address St. James MO Date signed 2/29/46

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SEP 18 1941

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Orrel E. Seckler

Licensed Embalmer No.

3544

P. O. Address

St James mi

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.