

No. 2-12-45-17-39 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35891

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Vernon NEVADA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Convent, Nevada /
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution X
(Specify whether)

In this community forty-five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 10A

(c) City or town Nevada, Missouri /
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francis Convent, University St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sister Mary Joseph Buhler, O.S.F.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	8	5	hr. min.
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9. Birthplace St. Mary's, Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business X

12. Name Unknown

13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Rosina Kuntz

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

16. (a) Informant Mother M. Isabel

(b) Address St. Francis Convent, Nevada, Mo.

17. (a) Burial (b) Date thereof Oct. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery, Nevada

18. (a) Signature of funeral director Elizabeth Fernald Hauer

(b) Address Nevada, Mo.

19. (a) 10-19-46 (b) Nathryn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 7
year 1946 - hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 15 April
1946, to 7 Oct 1946
that I last saw her alive on 1 October 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach ?
Duration _____

Due to _____

Due to _____

Other conditions 46B
(Include pregnancy within 3 months of death)

Major findings: 46B
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:

(c) 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Ray W. Pearce (M. D. or other) M.D.

Address Nevada, Mo. Date signed 9 Oct 46

331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 1

District File Number 9-46-7089

Date Filed 10-24-46

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 ^{my}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Mark E. Keiger*.....

Licensed Embalmer No. *2656*.....

P. O. Address *Nevada, 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.