

S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36108

State File No. _____
Registrar's No. 1259

Registration District No. 42 Primary Registration District No. 1000

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:
416 1/2 North 10th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 81 Years (Specify whether years, months or days)
In this community _____

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. 416 1/2 No. 10th /
(If rural, give location) 7
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Mary B. Carolus
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8
year 1946 hour viewed 8 minute A.M.
21. I hereby certify that I attended the deceased from Nov. 8, 1946 to _____, 19____;
that I last saw _____ alive on _____, 19____;
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, widowed
6. (b) Name of husband or wife Andy
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1867
(Month) (Day) (Year)

Immediate cause of death Mitrol Insufficiency
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 79 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business
12. Name MOTHER FATHER Jim Thorpe
13. Birthplace _____ Ky
(City, town, or county) (State or foreign country)
14. Maiden name Meeley
(City, town, or county) (State or foreign country)
15. Birthplace _____ Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Carolus
(b) Address Kansas City, Mo.
17. (a) Burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.
19. (a) Nov. 12, 1946 J. J. [Signature]
(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? No
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. W. Tadlock Coroner
Address King Hill Bldg. Date signed 11-9-46
(M. D. or other)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
34930

37

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, MO.

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..... *Robert H. Yapple*

Licensed Embalmer No. *3308*

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.