

FILED MAR 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Beverly

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2624 Ph. Joseph Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether years, months or days)

In this community 2 1/2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Grandview, Paoli
(If outside city or town limits, write "RURAL.")

(d) Street No. RFD #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MORA-STAMEY-ELLIOTT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife La Velle Elliott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Pettis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas W. Stamey

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Mary Sue Welch

15. Birthplace El Dorado Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Elliott

(b) Address Grandview, RFD #1, Mo.

17. (a) Burial (b) Date there March 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Mora

18. (c) Signature of funeral director Stamey Funeral Home

(b) Address St. Joseph, Mo.

19. (c) 3-13-47 (b) P. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 1st, year 1947 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 1st 1946 to March 1st 1947, and that death occurred on the date and hour stated above.

that I last saw her alive on 3/1, 1947

Immediate cause of death Carcinoma following Carcinoma of Breast on left side. Then Metastasis on Thymus. Second Thymus. Bertman

Due to Arterio Sclerosis

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

Major findings: Of operations Carcinoma

Of autopsy 50

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) no

(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? _____ (c) Means of injury _____

23. Signature T. W. Stamey (M. D. or other _____)

Address 2624 Ph. Joseph Ave Date signed 3/2/47

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.....

Charles Marshall Harman....., Registered Apprentice No. *450*.....

working under my personal supervision.

Signed *John G. Hurley*.....

Licensed Embalmer No. *4050*.....

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.