

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7946**
 Registrar's No. **386**

Registration District No. **42** Primary Registration District No. **1000**

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

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's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 In this community Life
years, months or days (Specify whether)

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. 2408 Mitchell Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13 year 1947 hour 12 minute Midnight M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ernest Gusewelle
 6. (c) Age of husband or wife if alive 25 years 1866
 7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 12, 1947 to Mar. 13, 1947
 that I last saw her alive on Mar. 12, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 80 10 20 hr. min.

Immediate cause of death Cerebral Apoplexy Duration 1 mo
 Due to Arteriosclerosis (general) Wintersman
 Due to _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

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

11. Industry or business At home
12. Name Henry Dierking
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 83 A
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Les Aubry
(b) Address Salt Lake City, Utah
17. (a) Burial **(b) Date thereof** 3/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

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? _____

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-19-47 **(b)** H. L. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address St. Joseph Mo Date signed 3-13-47
 While at work? _____ (Specify type of place)
 (c) Means of injury? _____

City, P.O. Ad.

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

Signed Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 3195 10th St. Joplin, 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: