

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8036**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **336**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **General Hospital (Osteopathic)**
(d) Length of stay: In hospital or institution **3 Days (Hosp't.)**
In this community **Lifetime**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **1108 1/2 Powell St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Anna Elizabeth Teale**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **497-12-3632**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John L. Teale**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **September 11 1923**

8. AGE: Years **23** Months **5** Days **23**
If less than one day hr. min.

9. Birthplace **Kansas City Missouri**

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **John Franklin**

13. Birthplace **Unknown Unknown**

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**

16. (a) Informant **Mr. John L. Teale**

(b) Address **1108 1/2 Powell St.**

17. (a) **Burial** (b) Date thereof **Mar. 6, 1947**
(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Hermon W. Jenkins**
(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Mar 12, 1947** (b) **E. L. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4** year **1947** hour **2** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Oct 1946** to **March 4 1947**
that I last saw her alive on **March 3 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia, poisoning + Diabetic Coma**
Due to **nephritis + Diabetes**

Due to _____
Other conditions **6 mo preg.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **6!**

Duration
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **John H. Hartman** (a) _____ (b) _____
Address **22 Logan Bldg** (c) _____
Date signed **3-4-47**

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.....

James H. My Clonan, Registered Apprentice No. *486*
working under my personal supervision.

Signed.....

Robert H. Apple

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.