No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26767

Primary Registration District No. 1000

Registrar's No. 1060

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: 712 So 15th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: home
In this community: 50 years (Specify whether years, months or days)

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.: 712 So 15th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Anna Rose Beard
3. (b) If veteran, name war: no
3. (c) Social Security No.: 500-07-2627
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 29, 1888 (Month) (Day) (Year)
8. AGE: Years 59 Months 3 Days 29 If less than one day hr. min.
9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Press Operator
11. Industry or business: Pearl Nu-way Laundry
FATHER:
12. Name: Frank Foddy
13. Birthplace: Cincinnatti, Ohio (City, town, or county) (State or foreign country)
MOTHER:
14. Maiden name: Martha Morche
15. Birthplace: Salina, Ks. (City, town, or county) (State or foreign country)
16. (a) Informant: Dorothy Wright
(b) Address: 712 So 15th St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 9-4-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1947 hour 4 minute 05 A.M.
21. I hereby certify that I attended the deceased from March 3, 1947 to August 26, 1947; that I last saw her alive on August 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomatosis	3 or 4 mos
Due to: Primary Carcinoma of Cervix	1 Yr.
Due to: XX	
Other conditions: XX (Include pregnancy within 3 months of death)	

Major findings:
Of operations: XX
Of autopsy: XX

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): XX
(b) Date of occurrence: XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX (Specify type of place)
While at work? XX (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: [illegible]

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Basey

Licensed Embalmer No. K 212

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.