

FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

186

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1102 Carby Place  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether  
 In this community 82-4-9  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1102 Carby Place  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Amelia Nunning Carby

20. DATE OF DEATH: Month January day 19  
 year 1948 hour 11 minute A.M.

3. (b) If veteran name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from 1-13, 1948, to 1-19, 1948  
 that I last saw her alive on 1-13, 1948  
 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 James T. 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased September 10, 1865  
 (Month) (Day) (Year)

Immediate cause of death Heart Disease (arteriosclerotic)

Due to Arteriosclerosis (general)

8. AGE: Years 82 Months 4 Days 9 If less than one day  
 hr. min.

Due to.....

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

Due to.....

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: Of operations.....

12. Name Henry Nunning

Of autopsies.....

13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Louise Arndt

15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. V. N. Carby

(b) Address 1106 Carby Place., City

17. (a) Burial (b) Date thereof Jan. 22, 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfader

(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 1-26-48 (b) E. G. Jenkins  
 (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?.....

While at work?..... (Specify type of place)

Means of injury.....

23. Signature John H. Dymore (M. D. or other).....

Address Carby Bldg. St. Joseph Mo. Date signed 1-20-48

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

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

MOTHER FATHER

1921

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

*Elmer Thomas*

Licensed Embalmer No

*2640*

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.