No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 328

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 112

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 1416 Sacramento St.
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Sacramento St. 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Elvira Wetherall
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased August (Month) 17 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 9 — If less than one day ..... hr. ..... min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business None
FATHER
12. Name James M. Poe
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Wendall L. Reynolds
(b) Address 3001 No. 10th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 1-28-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 26 year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Viewed Jan 26th, 1948, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy	

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)
(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? (e) Means of injury Coroner 3
23. Signature B. W. Tadlock (M. D. or other)
Address KING HILL BLDG St. Joseph, Mo. Date signed 1/26/48

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

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.....Robert L Gaple.....

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.