No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5134

State File No. 339

Registrar's No. 102

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #5 St. Joseph, Mo. Springarden Add't.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether years, months or days)
In this community: 24 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #5 St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Myrtle Alice George
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: Widow
6. (b) Name of husband or wife: James Arthur George
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 18 (Day) 1878 (Year)

8. AGE: Years 69 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace: Taylor County (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Matthew Leonard
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Margaret Ann Johns
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Leslie George
(b) Address: R.R. #2 St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 22nd year: 1948 hour: 11 minute: 15 A.M.
21. I hereby certify that I attended the deceased from: Nov. 1947, to: 1-22 1948 that I last saw her alive on: 1-19 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	10-12 mo.
Due to: Sen. Arteriosclerosis	yrs
Due to:	
Other conditions: Chr. myocarditis (Include pregnancy within 3 months of death)	
Malnutrition.	
Major findings: Of operations:	
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): 0
(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:

23. Signature: M. L. Grimes (M. D. or other)
Address: Kirkpatrick Bldg. St Joseph, Mo. Date signed: 1-23-48

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. Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

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.