

No. 2  
1/47  
17-39

FILED MAY 10 1948  
Registration District No. 102

Primary Registration District No. 1000

Registrar's No. 517

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

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: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days  
(Specify whether life 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.: 1005 Green, Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME: Tabitha E. Wilson

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 2  
year: 1948 hour: 6 minute: 45 a.m.

4. Sex: female 5. Color or race: white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: William J. 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: November 20 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-22, 1948 to 5-2, 1948  
that I last saw her alive on May 1, 1948, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 5 12 hr. min.

Immediate cause of death: Anemia primary - severe

Due to: \_\_\_\_\_

9. Birthplace: Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business: \_\_\_\_\_

12. Name: William Franklin Stephens

13. Birthplace: Unk. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Margarete Maxwell

15. Birthplace: Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

Major findings: 738

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

16. (a) Informant: Mr. William Floyd Wilson

(b) Address: 1005 Green, St. Joseph, Mo.

17. (a) burial (b) Date thereof: 5-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Maxwell Cemetery

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)

18. (a) Signature of funeral director: Danny Hersh

(b) Address: St. Joseph, Missouri

19. (a) 5-6-48 (b) L. B. Jenkins  
(Date received local registrar) (Registrar's signature)

(c) Means of injury: \_\_\_\_\_

23. Signature: L. B. Jenkins (M. D. or other)  
St. Joseph, Mo. Date signed: 5-3-48

*Senar*

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 *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *St Joseph*

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.