

No. 300
-10-47
5-17-39
I-3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35611

FILED DEC 13 1948

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1293

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:
1210 Frederick Ave
(If not in hospital or institution, write street number or location) none

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 29 years
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. 1210 Frederick Ave 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Effie Alabama

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 24 2 day 30 A M.
year 1948 hour _____ minute _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Anthony 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 24, 1948 to November 24, 1948; that I last saw her alive on November 24, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 59 4 Months 29 Days If less than one day
✓ hr. _____ min.

Immediate cause of death Coronary Occlusion Duration 5 min.

Due to Arteriosclerosis 2 yrs.

Due to _____

9. Birthplace Plattsburg, Mo. 0
(City, town, or county) (State or foreign country)
housewife

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business home

12. Name Thos Murray 0

13. Birthplace Missouri
(City, town, or county) (State or foreign country)
Sophia Little

14. Maiden name Plattsburg, Mo. 0

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Donald Solomon

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-27-48
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
Ashland Cemetery

(c) Place: burial or cremation Barry Funeral Home

18. (a) Signature of funeral director _____

(b) Address St. Joseph, Mo.

19. (a) 12-8-48 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature) 382

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) (c) Means of injury _____

23. Signature Clemens P. ... Other _____

Address Schneider Bldg. Date signed 11/24/48

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

MOTHER, FATHER

St. Joseph, Mo.

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 Barry

Licensed Embalmer No. 4212

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.