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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35651-1246
Registrar's No.

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 4 weeks
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Helen Marie Fite
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LeRoy Fite
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 10 1915
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 10
If less than one day hr. min.

9. Birthplace San Antoine Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home
11. Industry or business At home

12. Name Joseph Kraus
13. Birthplace Vienna Austria
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sommerhauser
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant LeRoy Fite
(b) Address Rochester, Mo.

17. (a) Burial (b) Date thereof 11/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester, Mo.
18. (a) Signature of funeral director Heaton-Burman
(b) Address St. Joseph, Mo.

19. (a) 11-23-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 20
year 1948 hour 4 minute 05 A.M.
21. I hereby certify that I attended the deceased from June 19
1948 to Nov 20 1948;
that I last saw her alive on Nov 19 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Duration 7 hrs

Due to Pseudomyxoma Peritonei 2 yrs

Due to Ruptured Pseudomucinous cyst of ovary 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction due to tumor, recurrent
PHYSICIAN Underline the cause to 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?

While at work? (Specify type of place) (b) Means of injury
23. Signature John R. McDaniel (M. D. or other)
Address 902 Edmund St., St. Joseph, Mo Date signed Nov 22, 1948

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.....

Wmmy O. Becker

Registered Apprentice No.....

working under my personal supervision.

Signed *William Spaulding*

Licensed Embalmer No. *4535*

P. O. Address *219 E 10th St. NE, PA*

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.