

Registration District No. 42

Primary Registration District No. 1000

WRITE PLAINLY—USE 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: 33rd & Duncan Sts.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 32 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Margaret Sarah Painter
 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 Charles H. Painter
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased July 25 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 ✓ 64 4 28 hr. min.

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

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

MOTHER FATHER
 12. Name John Chaney
 13. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Charles H. Painter
 (b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 12/27/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Neaton - Bowman
 (b) Address St. Joseph, Mo.

19. (a) 12-29-48 (b) G. B. Jenkins
 (Date received local registrar) (Registrar's signature) 342

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. 3403 Duncan St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 23
 year 1948 viewed 4 minute P.M.
 21. I hereby certify that I attended the deceased from Dec 23d, 1948, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis Duration _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature B. W. Tadlock Coroner
 (M. D. _____)
 Address 7120 HILL BLDG St. Joseph Mo
 Date signed 12/28/48

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joplin

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.