

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41766

Registrar's No. 1353

FILED JAN 4 1944

Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2018 Frances St.
(d) Length of stay: In hospital or institution. 1 yr 3 mo (at)
In this community 1 yr 3 mo (at)

3. (a) PRINT FULL NAME NELLIE - WOODS.

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, wid. 6. (c) Age of husband or wife if alive years 1859
7. Birth date of deceased Feb 1 1859

8. AGE: Years 84 Months 10 Days 8 hr. min.

9. Birthplace Holl Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business
12. Name Person Cooley
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Briggs
(b) Address 2018 Frances St. St. Joseph, Mo

17. (a) (b) Date thereof 12-11-43
(c) Place: burial or cremation. Burial

18. (a) Signature of funeral director Roy Stamey
(b) Address 12-11-43

19. (a) 12-11-43 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2018 Frances
(e) Citizen of foreign country? No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1943 hour 7:30 minute a M.
21. I hereby certify that I attended the deceased from July 1 1943 to Dec 8 1943
that I last saw him alive on Dec 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Asystole
arterio-sclerosis
Due to: 3 yr 10 mos

Due to: 30 f

Other conditions: 30 f
Major findings: 30 f
Of operations: 30 f
Of autopsy: 30 f

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Charles B. Werner
Address 2018 Frances St. St. Joseph, Mo

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

Werner
K. K. K. K. K.

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.....

Joseph Ray Slattery

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph, Ill.*

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.