

FILED MAR 11 1942

Registration District No. 55

Primary Registration District No. 1001

State File No. _____

Registrar's No. 200

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: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hours
(Specify whether years, months or days) 5 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Union St. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GARY CLINTON ARMELD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb. 23 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. _____ min.

9. Birthplace Andrew County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Kenneth E. Comfield

13. Birthplace Andrew County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margie P. Isdy

15. Birthplace Andrew County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth E. Comfield
(b) Address Union St., Mo.

17. (a) Burial (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Union St. Joseph, Mo
18. (a) Signature of funeral director W. R. King
(b) Address King of Mo
19. (a) 2/26/42 (b) A. J. Mattlebach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day February
year 1942 hour 4 minute 35 P. M. ✓

21. I hereby certify that I attended the deceased from Feb 26 1942 to Feb 26 1942
that I last saw him alive on Feb 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Penis following Circumcision
Due to _____ 5 hrs

Due to _____

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

Major findings: Of operations 1958
Of autopsy 99

Duration
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) (e) Means of injury !

23. Signature W. R. King (M. D. or other) MD
Address St. Joseph, Mo Date signed 2/26/42

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

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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 *Quilla M. Wilson*
By Mr. R. E. Rockwood, Union Star, Mo.
Licensed Embalmer No.....

P. O. Address *King City, Mo.*

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.