

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28315
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 806
(c) City St. Joseph (d) Street No. St. Joseph Hospital St. _____
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Joss 2571
(a) Residence, No. R.F.D. #3 St. Joseph, Missouri St. Buchanan Co. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Joss</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1854</u>			
7. AGE <u>84</u>	YEARS <u>3</u>	MONTHS <u>26</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired farmer</u>			
9. Industry or business in which work was done, as saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>53</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County Missouri</u>			
13. NAME <u>David Joss</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Switzerland</u>			
15. MAIDEN NAME <u>Katherine Kandler</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>			
17. INFORMANT <u>Ernest Joss</u> (ADDRESS) <u>St. Joseph, Missouri</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>August 4, 1938</u>			
19. FUNERAL DIRECTOR <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Pearson St. Joseph, Mo</u>			
20. FILED <u>Aug 4, 1938</u> <u>H. J. Mathews</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10-36 to 8-2-38, 1938
I last saw him alive on 8-1-38, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
myocardial infarction
heart disease
93C
Other contributory causes of importance:
arterio sclerosis
none
Name of operation _____ Date of _____
What test confirmed diagnosis? fundus Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. J. Mathews, M. D.
(Address) Phys. & Surg. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Wilber Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

yes L. E. yes

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. 3946

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.)