

WRITE CRIMELY, 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.

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

42407
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1287

(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred - yrs. 4 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Glen McPheters

(a) Residence, No. 2401 Mary St. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

0 4 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as law mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME James Glen McPheter

14. BIRTHPLACE (CITY OR TOWN) Stewartsville
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Flossie Mary Herring

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

17. INFORMANT James G. McPheter
(ADDRESS) 2401 Mary St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph, Mo. DATE Dec. 23, 1938

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Dec. 23, 1938 H. J. Nestlehusch
ET. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938, to Dec 21, 1938.

I last saw h. 1m alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 6:40P m.

The principal cause of death and related causes of importance were as follows:

Meningitis, secondary Date of onset 12-17-38

Other contributory causes of importance: Otitis media bilat - 12/23

Name of operation Spinal puncture

What test confirmed diagnosis? Chand. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ 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. C. Peterson, M. D.

(Address) 706 Francis

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,

Cleon E. Hodges

or by

Registered Apprentice No., working under my personal supervision..

Signed.....

Cleon E. Hodges

Licensed Embalmer No.

12729

P. O. Address 1802 Union Str. St. Josep

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, above space should be left blank.