

SEP 12 1939

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

28939
Do not use this space.

1. PLACE OF DEATH 3

(a) County Cole Registration District No. 213

(b) Township 1 Primary Registration District No. 3014 Registered No. 203

(c) City Jefferson City (d) Street No. Mo State Prison St.

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

2. PRINT FULL NAME JOSEPH NATHAN

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>42</u>	<u>1</u>	<u>21</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Self (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville, Mo. DATE 8/31/1939

19. FUNERAL DIRECTOR (NAME) Buescher, Fun. Home (ADDRESS) Jefferson City, Mo.

20. FILED 8/10/1939 W. W. Rambo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939 to August 28, 1939.

I last saw him alive on August 28, 1939. Death is said to have occurred on the date stated above, at 9.00 A.M.

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

Embolism of Brain.

Date of onset 12/1

Other contributory causes of importance: choleystitis chr, appendicitis chr,

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) W. W. Rambo M. D.
Central Tr. Bldg. W. W. RAMBO, M. D.
Jefferson City, Mo.

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.

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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 Victor Breacher

Licensed Embalmer No. 3701

P. O. Address J.C. 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, above space should be left blank.