

JAN 11 1940

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

42775
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 1247
 (c) City St. Joseph (d) Street No. 712 Lincoln 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 55 yrs. mos. da. (f) How long in U. S., if of foreign birth? 55 yrs. mos. da.

2. PRINT FULL NAME Daniel Dougal Semple
 (a) Residence, No. 712 Lincoln 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1862

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>77</u> | <u>1</u> | <u>26</u> | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Strathavon, Avershire
(STATE OR COUNTRY) Scotland

FATHER

13. NAME Gavin Dougal Semple

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

MOTHER

15. MAIDEN NAME Mary Shields

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

17. INFORMANT Mrs. Anne K. Semple
(ADDRESS) 712 Lincoln, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coskland DATE Dec 7 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
(ADDRESS) 1302 Faraon St., St. Joseph

20. FILED Dec 4 1939 H. J. Neettlebach
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1939

22. I HEREBY CERTIFY That I attended deceased from May 20 1939 to Dec 1 1939
I last saw him alive on Nov 30 1939. Death is said to have occurred on the date stated above, at 12:25 Pm.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach with metastasis to mediastinum
Had melena; edema of head neck & both upper extremities
and bilateral paralysis of vocal cords
 Other contributory causes of importance:
Bilateral paralysis of vocal cords

| Date of onset |
|-----------------|
| <u>8-3-39</u> |
| <u>11-21-39</u> |
| <u>11-27-39</u> |

Name of operation tranquor 46 Date of 8-26-39
 What test confirmed diagnosis? Clinical 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) L. P. Senor M. D.
85 (Address) 722 1/2 Francis, St. Joseph

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.

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 *W. A. Kelly Jr. JCA*
Licensed Embalmer No. *Co. 3946*

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

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.