

JAN 11 1940

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

42782
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. 1257
 (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. mos. 1 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant Mickel

(a) Residence, No. 240 St. □ (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 female 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 none
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1939 to Dec 4, 1939
 I last saw h. or alive on Dec 4, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

atelectasis of newborn Date of onset 12-3-39

Other contributory causes of importance: none

Name of operation none Date of yes
 What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury none, 1939
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) N. Roger Moore M. D.
85 (Address) Kirkpatrick Bldg., St. Joseph

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri. 0

13. NAME Arthur Mickel 1

14. BIRTHPLACE (CITY OR TOWN) Yorkum, Texas. 1

15. MAIDEN NAME Zephyr Azadian

16. BIRTHPLACE (CITY OR TOWN) Fresno, California

17. INFORMANT Dr. Arthur Mickel
 (ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION-OR-REMOVAL PLACE St. Joseph, Missouri
Ashland Cemetery DATE December 4, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meisboffer
 (ADDRESS) 1302 Faron St., St. Joseph, Mo. 1939

20. FILED 12/4 1939 W. Meisboffer
 Local Registrar.

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.....

body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.