FILED JAN 24 1940

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

1707
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. 40
(c) City St. Joseph, (d) Street No. 3203 South 22nd. 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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 Albert Sherman George,
(a) Residence, No. 3203 South 22nd. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vallie Virginia, George,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1870
7. AGE: YEARS 69, MONTHS 8, DAYS 27. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Flagman,
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad,
10. Date deceased last worked at this occupation (month and year) Nov. 1939.
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri, 0

FATHER
13. NAME Reuben George, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky, 0

MOTHER
15. MAIDEN NAME Jane McCulm,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry, Missouri,

17. INFORMANT (ADDRESS) Floyd George Easton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Jan'y. 15 1940
19. FUNERAL DIRECTOR (NAME) Weaton - Bebole Bowman Funeral Home
(ADDRESS) 319 S. 10th. Str.
20. FILED Jan 15, 1940 H. J. Westlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12-1940
22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from 1-12, 1940, to ....., 19....
I last saw ~~h~~ alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset
Other contributory causes of importance:
Sclerosis arteria
Name of operation ..... Date of .....
What test confirmed diagnosis History 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) B. W. Tadlock Coroner, M. D.
(Address) Irving Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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, 1-12-40

.....

or by .....

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

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.