

FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1708

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Mo. Primary Registration District No. 1000
 (c) City St. Joseph Mo. (d) Street No. State Hospital #2 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 41

2. PRINT FULL NAME

(a) Residence, No. Buchanan B. Home 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>No History</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14th 1857</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>8</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Butcher</u>		
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) <u>(Feb)</u>		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>State Dept Record</u> <u>St. Joseph Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Auburn</u> DATE <u>Jan. 15th 1940</u>
19. FUNERAL DIRECTOR (NAME) <u>FLEEMAN & SON INC.</u> (ADDRESS) <u>1946 Calhoun St. Joseph Mo.</u>
20. FILED <u>Jan 15, 1940</u> <u>H. J. Nestlebury</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12- 194022. I HEREBY CERTIFY, That I attended deceased from 1-9- 1940 to 1-12- 1940I last saw him alive on 1-11- 1940 Death is saidto have occurred on the date stated above, at 12:50 a.m.

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

Coronary Occlusion
94 B
 Date of onset

Other contributory causes of importance:

1. Scurvy
2. Generalized Arteriosclerosis
Pulmonary Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 _____, 19____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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. J. Nestlebury M. D.(Address) State Dept Record

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 _____

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.