

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

10218
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 10001
(c) City St. Joseph (d) Street No. State Hospital #2 Registered No. 298
(e) Length of residence in city or town where death occurred 9 yrs. / 20 mos. / 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. State Hospital #20 St. Kansas City, Mo.
(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) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1897

7. AGE YEARS 42 MONTHS 3 DAYS 22 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Com. laborer
9. Industry or business in which work was done, as saw mill, bank, etc. chronic indolence
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) Shelbina Mo.

FATHER 13. NAME Green B. Farmer

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

MOTHER 15. MAIDEN NAME Lucy Harris

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

17. INFORMANT (ADDRESS) Marjulia Service, 4035 W. 11th St., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina, Mo. DATE Mar 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tracy Barry Funeral Home, 218 South 10th St

20. FILED MAR 14 1940 W. J. Reetz, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan. 21, 1931, to Mar. 12, 1940
I last saw him alive on Mar. 11, 1940 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

epileptic attack (status epilepticus)
Date of onset 1928
Other contributory causes of importance: 85

Name of operation none Date of none
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? none Date of injury none, 19none
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 none
(Signed) W. J. Reetz M. D.
(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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1957
AUG 6

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.....

Victor Barry

....., Registered Apprentice No. **252**

working under my personal supervision.

Signed.....

John E. Myers

Licensed Embalmer No. **3220**

P. O. Address *St. Joseph, 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.