

1940 ADD 12 1940

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

10262
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township..... Primary Registration District No. 100 Registered No. 343
(c) City St. Joseph (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 4 yrs. 2 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 2 St. Lafayette Co. Mo.
(Usual place of abode, if no street address, write county or city) (If apartment, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. coal miner
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME no information

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

15. MAIDEN NAME no information

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

17. INFORMANT Co. Clerk - Lafayette Co. (ADDRESS) Kennettville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennettville, Mo. DATE March 27, 1940

19. FUNERAL DIRECTOR (NAME) Stimmers and Finckpaugh (ADDRESS) Kennettville Mo

20. FILED 3/27/40 W. J. Nestelbaum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936 to Mar. 26, 1940
Last saw him alive on Mar 26, 1940 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:

Arteriosclerosis with hyperten. Date of onset ?
and chronic myocarditis ?

Other contributory causes of importance: 120
Trophic ulcers several with discharges

Name of operation none Date of.....

What test confirmed diagnosis clin. 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) W. J. Nestelbaum, M. D.
Ed. Joseph

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.

507-9-19-38
I X16605

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.....

E. J. Whitaker....., Registered Apprentice No. *No.*

working under my personal supervision.

Signed *W. C. Summers*.....

Licensed Embalmer No. *3159*.....

P. O. Address *W. C. Summers*.....

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.

1