

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.

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

14339
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 429
 (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 1 yrs. 9 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 2 0 St. Carrollton
 (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 no information
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1855
 7. AGE YEARS 84 MONTHS 4 DAYS 0 If LESS than 1 day,hra. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer - com. later
 9. Industry or business in which work was done, as saw mill, bank, etc. com. later
 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) Ill. 1

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no information 9

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no information 9

17. INFORMANT (ADDRESS) C. Clark - Carroll Co.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hubersville DATE Apr 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Summers + Plushaupt Hubersville Mo

20. FILED 4/18/1940 J. H. Neelbush Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1939 to Apr 12, 1940, 1940

I last saw him alive on Apr 12, 1940. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset X
Chronic myocardosis X

Other contributory causes of importance:

Name of operation none Date of
 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? 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) J. H. Neelbush, M. D.

(Address) St. Joseph

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. T. Whitaker

....., Registered Apprentice No.

working under my personal supervision.

Signed

W. C. Summers

Licensed Embalmer No.

2159

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.