

No. 2
1-10-39
17239
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14398

MAY 3 1940

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 489

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 25 years
years, months or days) 25

8. (a) PRINT FULL NAME George W. King

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased February 22, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 7 hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retire Farm hand

11. Industry or business _____

12. Name UNKNOWN Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie E. Bradley

(b) Address 828 South 10th Street

17. (a) Burial (b) Date thereof May 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mrs. E. P. Sidenfaden F. Home

(b) Address 602 South 10th Street

19. (a) May 1, 1940 H. J. Neathbeek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 104 1/2 North 2nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 6:45 minute _____ M.

21. I hereby certify that I attended the deceased from 4-12-40
_____ 19____ to 4-29 _____ 1940
that I last saw him alive on 4-29 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia
Due to Chronic nephritis ?
Atherosclerosis ?
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations ✓
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

19. (a) Signature George W. King (M. D. or other) MD
Address St Joseph Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Craig

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, & by

Mollie E. Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed

R. V. Kerst

Licensed Embalmer No. 3876

P. O. Address

St. Joseph M

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.