

Registration District No. 85

Primary Registration District No. 5127

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Route # 6, Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route # 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Washington Tws.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 32 years.

3. (a) PRINT FULL NAME John Juss 200

3. (b) If veteran, name war none 3. (c) Social Security No. 487-09-1818

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 \_\_\_\_\_ years

7. Birth date of deceased Oct. 15, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>7</u>	hr. min.

9. Birthplace Pompen, Kown Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Armour & Co. Packers

12. Name Unknown

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

14. Maiden name Unknown

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

16. Information from citizenship papers, and

(a) Informant Mrs. Joseph Zembles, Route 6, St. Joseph, Mo  
(b) Address

17. (a) Burial (b) Date thereof May 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem.

18. (a) Signature of funeral director Clark Mortuary  
(b) Address 5025 King Hill Ave.

19. (a) May 24, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1940 hour 1:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from Mar. 8th, 1940  
to May 22, 1940,  
that I last saw him alive on May 21st, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Cancer of the Pancreas 1 yr.

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1  
Address 216 Phys. & Surg. Bldg. Date signed 5.24.40

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

MOTHER FATHER

JAN 30 1942

**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, ~~on~~ May 22, 1940

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Emile Clark*

Licensed Embalmer No. 3476

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.**