

FILED JUL 12 1940

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

21232

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan } Registration District No. 85  
 (b) Township St. Joseph } Primary Registration District No. 3001  
 (c) City St. Joseph } (d) Street No. State Hosp # 2 St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 155 No. E. Norman 1 6  
John Little Blue Jackson Co. Home St.  Jackson Co. Mo.  
 (Usual place of abode, if no street address, write county or city) (Nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 7 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) Mo. (STATE OR COUNTRY) 6

13. NAME James Norman 6

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 6

15. MAIDEN NAME Mary Thoms.

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

17. INFORMANT Hosp. records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Indep. Mo. DATE June 10, 1940

19. FUNERAL DIRECTOR (NAME) Otto Mitchell (ADDRESS) Independence, Mo.

20. FILED 6/10/40 H. J. Mitchell Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 19, 1939, to June 8, 1940.  
 I last saw him alive on June 8, 1940. Death is said to have occurred on the date stated above, at 12 a.m.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset

Other contributory causes of importance:  
General physical and mental debilitation

Name of operation thorax Date of 1  
 What test confirmed diagnosis? thorax 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. J. O'Dell, M. D.  
 (Address) State Hosp # 2 St. Joseph Mo.

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.

**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 me

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

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indy 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.**