

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

JUL 12 1940

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **668**

1. PLACE OF DEATH:

(a) County Buchanan **9**  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2434 South 6th  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  (Specify whether  
 In this community several years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 2434 South 6th  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?  years.

3. (a) PRINT FULL NAME Ada Record **263**  
 8. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 18  
 year 1940 hour 11 minute 30 A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Emmett 6. (c) Age of husband or wife if alive  years  
 7. Birth date of deceased January 11, 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on June 12, 1940 to June 12, 1940; that I last saw h. ex alive on June 12, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 7 If less than one day hr. min.

Immediate cause of death Uremia  
Arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations  Of autopsy

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant P. L. Stambaugh

(b) Address 510 N. 7th St. St. Joseph, Mo.

17. (a) burial (b) Date thereof June 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation City Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1302 Farnon, St. Joseph, Missouri

19. (a) June 20, 1940 (b) H. J. Redmond  
(Date received local registrar) (Registrar's signature)

St. Joseph, Missouri

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? **85**  
(Specify type of place) While at work? (e) Means of injury  
 28. Signature Wm Redmond (M. D. or other) **1**  
 Address Kirkpatrick Bldg. Date signed 6-19-40

Duration unknown  
 PHYSICIAN unknown  
 Underline the cause to which death should be charged statistically.

2331  
99

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*W. A. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21263  
Registrar's No. 668

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 85-

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Ada Record

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive... year

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 76 Months 5 Days 7

If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-20-40

(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... (b) County...  
(c) City or town... (If outside city or town limits write "RURAL")  
(d) Street No... (If rural, give location)  
(e) If foreign born, how long in U. S. A.? ... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1940 hour... minute... M.

21. I hereby certify that I attended the deceased from... 19... to... 19...  
that I last saw him... alive on... 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia

Due to arterio sclerosis  
Due to cause of uremia unknown - saw  
Other conditions deceased only once  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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?

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

23. Signature [Signature] (M. D. or other).....  
Address St Joseph mo Date signed.....

SUPPLEMENTAL

