DEPARTMENT OF COMMERCE SEP LO MULTIN MISSOURI STATE BOARD OF HEALTH State File No. 27414 STANDARD CERTIFICATE OF DEATH v. 5-17-39 PI X21492 Registration District No Primary Registration District No. Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED. Buchanan (a) County... (a) State OMissouri RECORD St. Joseph
(If outside city or town limits, write "RURAL" and name of township) Buchanan (b) County... (b) City or town\_ (c) Name of hospital or institution: St. Joseph (c) City or town Joseph's (If outside city or town limits write "RURAL") (If not in hospital or institution, write street number or for PERMANENT 2215 South 4th St (d) Street No (d) Length of stay: In hospital or institution (If rural, give location) (Specify whether vears In this community .... years, months or days) (e) If foreign born, how long in U. S. A.?, MEDICAL CERTIFICATION 061 8, (a) PRINT FULL NAME Margaret Meyer lst 20. DATE OF DEATH: Month 3. (c) Social Security None 3. (b) If veteran. 20 none name war. No. -MAKE 21. I hereby certify that I attended the deceased from 5. Color or 6. (a) Single, widowed, married 19.4/1 to 14 whit marrie divorced\_\_ that I last saw had a slive on. and that death occurred on the date and hour stated above. 6. (b) Name of husband or 6. (c) Age of husband or wife it Immediate cause of death Prima Durstion )\*\*\*I873 January 7. Birth date of deceased (Month) (Day) (Year) 8. AGE: Years Months Dave If less than one day 67 UNFADING ...min t Joseph Μo. 9. Birthplace. <u>Housewife</u> Other conditions. Usual occupation. (luclude pregnancy within 3 months of death) -USE Home 11. Industry or business\_ PHYSICIAN Garrett Golden Major findings: 12. Name. Of operations. St. Joseph. Mo. Underline he cause to 18. Birthplace which death (City, town, or county) (State or foreign country) Of autopsy. should be unknovm 14. Malden name charged staunknown tisticaily. 15. Birthplace 22. If death was due to external causes, fill in the following: (City, town, or county) (State or foreign country) (a) Accident, suicide, or homicide (specify). Joseph A. Mever (a) Informant 1826 South 12th (b) Date of occurrence. (b) Address (c) Where did injury occur?... 17. (a) (b) Date thereof (City or town) (County) (State) (Burial, cremation, or removal (Day) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burlal or cremation. While at work (Specify type of place) 18. (a) Signature of funeral/director (e) Means of injury (b) Address (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.

	I hereby certify that the body whose name i	recorded on the reverse side of this certificate was embalmed by me, or by
		Registered Apprentice No
•	working under my personal supervision.	Signed Wohn Ellyers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to complete above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.