No. 2
4-13-40
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31409

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 961

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 58 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 limits, write "RURAL")
(d) Street No. 3418 Mitchell Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John A. Egan
3. (b) If veteran, name war None
3. (c) Social Security No. 707-07-4272
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Egan
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept. (Month) 12, (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
58	11	20	..... hr. ..... min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Brakeman
11. Industry or business C.B.& Q.R.R.
FATHER
12. Name John Egan
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Jennie Friend
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Katherine Egan
(b) Address 3418 Mitchell Ave. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) Sept 3 1940 (Date received local registrar) (b) H J Trestlehush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd year 1940 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from August 8, 1940, to Sept 2, 1940; that I last saw him alive on Sept 2, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon (Primary)	—
Due to	
Due to	
Other conditions Met. Carcinoma of Rt Lung June/40. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Kingsbury Bldg Date signed 9/3/40.

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.