

No. 2
4-12-40
5-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31459

State File No.

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1021**

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:
Parkway-Biv'd A. about 30th Str.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether)
 In this community **25 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. **2804 Mary Street.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Morris Power De Haven**
 (b) If veteran, name war _____
 (c) Social Security No. **487-14-4080**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** Day **16th** Year **1940**
 Found about **10:00 AM** - **17th**
 hour _____ minute _____ M.
 viewed _____

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Nona Powers**
 (c) Age of husband or wife if alive _____ years

21. I hereby certify that I ~~examined~~ viewed the deceased from **Sept 17h**, 1940, to _____, 19____; that ~~last seen~~ ~~alive~~ ~~on~~ _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased **January 9 1876**
(Month) (Day) (Year)
 8. AGE: Years **64** Months **8** Days **8** If less than one day _____ hr. _____ min.

Immediate cause of death **Suicide by fire arms**
 Duration _____

9. Birthplace **Kidder Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Carpenter**
 11. Industry or business **General work.**

Due to _____
 Due to _____
 Other conditions **none**
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name **James Allen Power DeHaven**
 13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Rebecca Graven**
 15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy **none**

16. (a) Informant **Nellie Duncan**
 (b) Address **424 S. 20th Str. St. Joseph, Mo**
 17. (a) **Removal** (b) Date thereof **Sept. 20, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Grason Cem. Cameron, Mo.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Suicide**
 (b) Date of occurrence **Sept 16th 1940**
 (c) Where did injury occur? **St Joseph, Mo,**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

18. (a) Signature of funeral director **H.O. Sidenfaden & Son**
 (b) Address **1802 Union Str. St. Joseph, Mo.**
 19. (a) **Sept 19, 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

85 While at work? **no** (c) Means of injury **pistol**
 23. Signature **A. W. Tadlock** Coroner **5**
(M. D. or other) mo
 Address **King Hill Bldg** Date signed **9/19/40**

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 with the above constitutes grounds for revocation of license.)

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