

No. 2
4-13-40
5-17-39
X23

OCT 10 1940 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 1025

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: 2416 Patee
(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 7 years years, months or days)

3. (a) PRINT FULL NAME Daniel Webster Flanders

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Etta Mae 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 9, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>9</u>	hr. min.

9. Birthplace Highland, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business U. P. R.R.

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs Marguerite Stonebarger
(b) Address 2416 Patee St

17. (a) Burial (b) Date thereof 9-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Highland Cemetery

(c) Place: burial or cremation Tracy Barry Funeral Home
(Specify type of place)

18. (a) Signature of funeral director 218 South 10th St. St. Joseph Mo.
(b) Address

19. (a) Sept 19 1940 (b) H. Nestlebusch
(Date received local registrar) (Registrar's signature)

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. 2416 Patee St
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1940 hour 6 minute 18 P.M.

21. I hereby certify that I attended the deceased only on
Sept 18 1940 to 1940
that I last saw him alive on 9-18- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2nd.
Gen. of arterio-
sclerosis. unknown

Due to arterio-
sclerosis.

Due to arterio-
sclerosis.

Other conditions none 92k
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence 9-18-40

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place) (e) Means of injury 1

23. Signature Tracy Barry (M. D. or other) 1940
Address 2802 Patee St Date signed 9/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Victor Barry

Registered Apprentice No. *252*

working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No. *2220*

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, fact should be so stated above.