

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:  
**Park-way N. of Union Station.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether **3**)  
In this community **Unknown**  
years, months or days

3. (a) PRINT FULL NAME **Unidentified Man**  
(b) If veteran, name war **Unknown**  
(c) Social Security No. **Unknown**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Unknown**

6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive **About 1875.** years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **About 65** Months **?** Days **?** If less than one day hr. min.

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

10. Usual occupation **Unknown**

11. Industry or business

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 **Buchanan County, Coroner**

(b) Address **King Hill Bldg' St. Joseph, Mo**

17. (a) **Burial** (b) Date thereof **Sept. 28, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery.**

18. (a) Signature of funeral director **H. O. Sidenfaden & S. S. Or**

(b) Address **1802 Union Str., St. Joseph, Mo**

19. (a) **9-28-1940** (b) **H. Nestlebusch**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Unknown** (b) County **Unknown**  
(c) City or town **Unknown**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Unknown** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **Unknown** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **20**  
year **1940** hour **7** minute **30 P** M.

21. I hereby certify that I **viewed** the deceased from **9-20**, 19**40**, 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 **Suicide by taking strychnine**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
(a) Of operations \_\_\_\_\_

Of autopsy **None**

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

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

(b) Date of occurrence **9-20-1940**

(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**

(e) Means of injury **While at work? **TLU****

23. Signature **B. W. Tullock** (M. D. or other) **Coroner**

Address **King Hill Bldg.** Date signed **9/28/40**

**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.**