

3-40
7-39
K23159

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1259**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

HELD DEC 1 1940

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:
6210 1/2 King Hill
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 months**
 In this community **8 years** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Charles H. Eyman**
 (b) If veteran, name war **No**
 (c) Social Security No. **491-10-3851**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 (b) Name of husband or wife **Unknown**
 (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 55 ? ? .hr. min.

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

10. Usual occupation **Salesman** ?

11. Industry or business **Scanlan Hardware Co.** ?

12. Name **Unknown** ?

13. Birthplace **Unknown** (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 **Louis Deets**
 (b) Address **Gordon & Illinois Ave, City**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **DEC. 5, 1940** (Month) (Day) (Year)
 (c) Place: burial or cremation **I.O.O.F. Cemetery**

18. (a) Signature of funeral director **John E. Rupp**
 (b) Address **6054 Pryor Ave**
 19. (a) **Dec. 5, 1940** (Date received local registrar) (b) **[Signature]** (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. **6210 1/2 King Hill** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.**, day **30th**, year **1940** viewed **10** minute **P.** M.

21. I hereby certify that I ~~viewed~~ the deceased from **Dec 1st** 19**40**, to **19** that I last saw ~~the deceased~~ and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Stomach**

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

Major findings:
 Of operations.....
 Of autopsy **none**

Duration
 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?

23. Signature **[Signature]** (Specify type of place) (e) Means of injury **Car on road**
 Address **King Hill Bldg** (M. D. or other) Date signed **12-1-40**

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

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.