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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941

Registration District No. 205

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4123

99 next war. 42200

State File No.

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Gower, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 yrs. ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Gower, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew Jackson St John
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 25 (Day) 1852 (Year)
8. AGE: Years 88 Months 8 Days 28 If less than one day hr. min.
9. Birthplace Clinton County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation County Engineer ?
11. Industry or business ?
12. FATHER Name Joseph St John ?
13. FATHER Birthplace Tenn (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Sarah Dadson
15. MOTHER Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dee Cummings
(b) Address 211 W 38th St Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cemetery
18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower, Mo.
19. (a) 12-23-1940 (Date received local registrar) (b) Mo J C Starks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1940 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from November 9th, 1940, to Dec 23rd, 1940, that I last saw him alive on 12-20-40, and that death occurred on the date and hour stated above.

Immediate cause of death I think he had a cancer in right kidney also in throat ? — — Duration twelve months 2 weeks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 J C Starks (M. D. or other)
Address Gower, Mo Date signed 12-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower Mo.

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

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