No. 2
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5-17-39
PI X23159

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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1796

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 25

11
1
7

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: 1010 Henry St. (Littler Nursing Home) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 9 mo (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 1010 Henry (If rural, give location) 7
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME Pasco Matie
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 single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) ? (Day) ? (Year)
8. AGE: Years About 80 Months ? Days ? If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Rumannia (State or foreign country) 6
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Margaret Littler
(b) Address 1010 Henry St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director Fred D Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Jan 9, 1941 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from July 20, 1940, to Jan 8, 1941
that I last saw him alive on Jan 27, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	2 yrs
Due to: Chronic Interstitial Nephritis	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 (2)

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)
8 5
While at work? (e) Means of injury
23. Signature J R Elliott (M. D. or other) Dur
Address 80 Francis St Date signed 1-9-41

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXX~~ Jan. 8, 194

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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.