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-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37792

State File No. \_\_\_\_\_

FILED DEC 10 1941  
854

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 1122

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:  
22nd & Messanie Street 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 54 Years  
years, months or days)

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. 2914 Patee >  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Hathaway

3. (b) If veteran, name war no  
3. (c) Social Security No. 491-09-1169

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

6. (b) Name of husband or wife Effie Hathaway  
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 20 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 7  
If less than one day hr. min.

9. Birthplace Grant City (City, town, or county) (Mo.)  
(State or foreign country)

10. Usual occupation Janitor

11. Industry or business Physicians & Surgeons, Bldg.

12. Name William Hathaway

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

14. Maiden name Rebecca Seimiller

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

16. (a) Informant S F Hathaway

(b) Address 501 Independence Ave

17. (a) Burial (b) Date thereof Nov. 29, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St. Joseph, Mo

19. (a) 11-28-1941 (b) D. Nestlebusch  
(Date received local registrar) (Registrar's signature)

23. Signature H F Mundy (M. D. or other) Address 424 So 3d Date signed 11/28/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I viewed the deceased from on Nov 27 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw \_\_\_\_\_ live on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Basal skull fracture  
Fracture of both legs below  
knees, Fracture of right  
thigh and right wrist.  
Due to Profuse hemorrhage  
from both ears,  
Other conditions  
(Include pregnancy within 3 months of death)  
dg. Man was struck by  
bullet at the intersection of  
Missame Sts.

Duration

+day  
10  
21

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) Accident 31  
(b) Date of occurrence Nov 27 - 1941  
(c) Where did injury occur? St Joseph Buch. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Streets intersection  
(Specify type of place)  
While at work? no (e) Means of injury Automobile

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

MOTHER FATHER

JAN 5 1942

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.....

November 29 1941....., Registered Apprentice No.....  
working under my personal supervision.

Signed John B. Burley.....

Licensed Embalmer No. 40570.....

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.**