

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37843

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

OPEN DEC 10 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. P 1126

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph  
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution Missouri Methodists  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community about 35 or 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph  
(If outside city or town limits, give "RURAL")

(d) Street No. 901 Douglas  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Johnson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 1941  
year 41 hour 9 minute 05 AM

4. (a) Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Year)

7. Birth date of deceased Oct 26 - 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 25 1941 to Nov 26 1941  
that I last saw h. CR alive on Nov 26 1941  
and that death occurred on the date and hour stated above  
Immediate cause of death 11-26-41 @ 9:05 AM Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>01</u>	hr. _____ min. _____

Bilateral Solar Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation House Work

11. Industry or business House Work

12. Name Henry Carter

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

14. Maiden name Elizabeth Carter

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

16. (a) Informant Margaret Cherry

(b) Address 806 Felix

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Ramsey

(b) Address 1602 Missanne

19. (a) Nov 29 1941 (Date received local registrar)

(b) AJ Sealebach (Registrar's signature)

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? \_\_\_\_\_

While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Clayton W. Carey (M. D. or other) MD

Address St Joseph Mo. Date signed 11-29-41

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

85

(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 *me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. F. Ramsey*

Licensed Embalmer No. *4081*

P. O. Address.....

**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.**