

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

17409

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 164

FILED JUN 18 1942

Primary Registration District No. 1807

Registrar's No. 507

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

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:
3227 Mitchell Ave. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community 61 years.

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. 1516 S. 26th Street,
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward Joseph Chartrand
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 12th
 year 1942 viewed 8 minute 00 A. M.
 21. I hereby certify that I ~~examined~~ viewed the deceased on
May 12th, 1942
 that I last viewed alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora Chartrand
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased January 14 1869
 (Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Coronary Thrombosis 1 day,
 Due to Chronic Angina pectoris 1 yr,
 Due to General Arteriosclerosis
 Other conditions 94A
 (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 3 28 hr. min.

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
Man was found dead about 9:30 am. He had previous attacks of angina

9. Birthplace Albany New York
 (City, town, or county) (State or foreign country)
 10. Usual occupation Shoe repair Man
 11. Industry or business Owner

MOTHER FATHER {
 12. Name Joseph J. Chartrand
 13. Birthplace Unknown Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name Nellie La Duc
 15. Birthplace Unknown Canada
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Chartrand
 (b) Address 1516 S. 26th St., St. Joseph, Mo.
 17. (a) Burial (b) Date thereof May 14, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Auburn Cem.

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? _____

18. (a) Signature of funeral director Herman W. Sudeyada
 (b) Address 1802 Union Str. St. Joseph, Mo.
 19. (a) 5-14-42 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature H. F. Mundy (M. D. or other) Coroner
 Address 404 S. 3rd Date signed 5/12/42

1233 (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.....

Albert R. Harrington

Licensed Embalmer No. 3258

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.