

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 126

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 469

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: Sunny Slope Hospital (Isolation)
(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) 1 day

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. Sunny Slope Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Joseph Simon Jr.

3. (b) If veteran, name war Not 3. (c) Social Security No. None

4. Sex male 5. Color or race indian 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1937
(Month) (Day) (Year)

8. AGE: Years 5 Months 0 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Joseph Simon Sr.

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

14. Maiden name Lenora Wabski

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

16. (a) Informant Potawatomi Agency

(b) Address Horton, Kansas

17. (a) Removal (b) Date thereof 5-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton, Kansas

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Farago St. St. Joseph, Mo.

19. (a) 5/7/42 (b) Earl Hering
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th.
year 1942 hour 5 minute 30 p.m. M.

21. I hereby certify that I attended the deceased from May 6 1942 to May 7 1942
that I last saw him alive on May 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Laryngeal diphtheria Duration 1 wk

Due to _____
Due to 10

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Tracheotomy 5/7/42 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? _____

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

23. Signature Dr. Ross Moore (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 5/7/42

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

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.....

Geo E Daniel

Licensed Embalmer No. 3300 Missouri.

P. O. Address St. Joseph, Missouri.

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.