No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29869

State File No. 29869

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 888

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: St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day. (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DEACESED: 799

(a) State: Kansas (b) County: Doniphan

(c) City or town: Troy
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Talbert, Mr. Carl

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M. O

5. Color or race: W

6. (a) Single, married, widowed, divorced: M

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Jan (Month) 10 (Day) 1880 (Year)

8. AGE: Years 62 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace: Spiceland (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: house painter

11. Industry or business:

FATHER
12. Name: Sylvanus Talbert
13. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Catherine Lewis
15. Birthplace: Emerson (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs Elma Kennedy
(b) Address: Kansas City - Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Troy, Kans

18. (a) Signature of funeral director: C. F. Karr
(b) Address: Troy - Kansas

19. (a) 9-10-42 (Date received local registrar) (b) Rose Dwyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9/4/42, 1942 to Sept 10, 1942, that I last saw him alive on 9-9-1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart disease	
Myocarditis - chronic	2 yrs.
Nephritis - "	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None.

Of autopsy: None.

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)
While at work? (e) Means of injury

23. Signature: Paul Forgrave (M. D. or other)
Address: St Joseph, Mo Date signed 9-10-42

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 E. F. Karr

Licensed Embalmer No. Missouri 25

P. O. Address Troy - Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.