

FILED SEP 30 1942

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 868

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:
St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None/day (Specify whether
 In this community 28 years.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town R. Rural St. Joseph, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #1 40th & Sacramento
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Charles Franklin View
 (b) If veteran, name war World War
 (c) Social Security No. 491-10-1179

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 11th
 year 1942 hour viewed 6 minute 45 P.M.
 21. I hereby certify that I attended the deceased from on
Sept 11th 1942 at 6 o'clock
 that I last saw him 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 Erma View
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased March 11 1890
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 day
 Due to Chronic Angina pectoris 3 yrs
 Due to 940

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>0</u>	hr. _____ min.

Other conditions Man died suddenly
 (Include pregnancy within 3 months of death)
 While driving his car in the
 Major findings: 1700 block on mesenteric
of operations the following numerous
 Of autopsy no attached fangs in
his chest, and attack of acute angina
 22. If death was due to external causes, fill in the following: fracture

9. Birthplace Plattsburg Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Interior Decorator

11. Industry or business Painting
 12. Name John View
 13. Birthplace Plattsburg Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Ella J. Leake
 15. Birthplace Turney Missouri
 (City, town, or county) (State or foreign country)

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) _____ (e) Means of injury _____

16. (a) Informant Mrs. Erma View
 (b) Address 40th & Sacramento St. Joseph, Mo.
 17. (a) Removal (b) Date thereof Sept. 13, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
Greenlawn Cem. Plattsburg, Mo.

18. (a) Signature of funeral director Norman W. J. J. J.
 (b) Address 1802 Union Street, St. Joseph, Mo.
 19. (a) Sept 13, 1942 (b) Rose J. J.
 (Date received local registrar) (Registrar's signature)

23. Signature H. F. Mundy (M. D. or other)
 Address 404 So 3rd St Date signed 9/12/42
3 coroner

FEB 4 1948

SEP 30 1942

JAN 24 1947

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.....

Licensed Embalmer No.....

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.