

File No. **12 1942**
Registration District No. **422**

Primary Registration District No. **1000**

Registrar's No. **839**

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. O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 da** (Specify whether
In this community **3 mo.** years, months or days)

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. **2417 No 7th** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **O**

3. (a) PRINT FULL NAME **William Sherman Mead Jr**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male O** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **July 25 1942**
(Month) (Day) (Year)

8. AGE: Years **0** Months **3** Days **4** If less than one day hr. min.

9. Birthplace **St. Joseph Mo O**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **William Sherman Mead**

13. Birthplace **Gentry Mo O**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Moberly**

15. Birthplace **Cameron Mo O**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm S. Mead Sr**

(b) Address **2417 No 7th**

17. (a) **Burial** (b) Date thereof **10-31-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memo Park**

18. (a) Signature of funeral director **Fleeman & Son Inc**

(b) Address **1946 Colton**

19. (a) **10-31-42** (b) **Rae Haggog**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29**
year **1942** hour **5** minute **23 P.M.**

21. I hereby certify that I attended the deceased from **10-24-42**
to **10-29-42** 19
that I last saw him alive on **10-29-42** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Marasmus Dehydration**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **158**

Major findings: Of operations

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)

(e) Means of injury **O**

23. Signature **H E Petersen** (M. D. or other)

Address **706 Francis** Date signed **10-30-42**

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

11
7

MOTHER FATHER

253

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

.....
working under my personal supervision.

Registered Apprentice No.

Signed..... *Robert H. Gagliardi*

Licensed Embalmer No. *3308*

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.