V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40227

Registrar's No. 119

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: 1823 N 2nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months
In this community: 30 years (Specify whether 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.: 1321 South 9thvSt
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Dwight Frank Congdon
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years 69 Months Days If less than one day hr. min.
9. Birthplace: unknown (City, town, or county) 4 (State or foreign country)
10. Usual occupation: unknown
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Social Security Records
(b) Address: Community Hall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral
(b) Address: 218 South 10th St
19. (a) 12-10-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 6 year 1942 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from November 29, 1942 to Nov. 29, 1942 that I last saw him alive on November 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Syphilus	
Loco motor Ataxia	Don't know
Due to 309	
Due to	
Other conditions: Arterial Sclerosis (Include pregnancy within 3 months of death)	

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: --

23. Signature: Charles H. Werner (M. D. or other) Date signed 12/10/1942
Address: 221 A Kirkpatrick Bldg

1255

(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 Victor Barry.

Licensed Embalmer No. 4212

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.