S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40248

Registrar's No. 1248

11
1
7

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: 108 North 2nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 108 No. 2nd. Street. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Green

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Unknown 9

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: 60 ? Months: — Days: — If less than one day: hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: No Record
(b) Address: 108 No. 2nd. St. Men's Bureau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.

19. (a) 12-21-42 (Date received local registrar) (b) Rose Hegny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 18th. year: 1942 hour: 3: minute: 30 A. M.

21. I hereby certify that I attended the deceased from: Nov 30, 1942, to: Dec 12, 1942, that I last saw him alive on: Dec 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis not Rheumatic	Don't Know
Due to: Myocardial Degeneration	Don't Know
Due to: Diarrhea & Enteritis	3 M
Other conditions (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? (Specify type of place)

While at work?

(e) Means of injury:

23. Charles H. Werner (M. D. or other)
Address: 221 Kirkpatrick Bldg. Date signed: 12-18-1942

(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.