V. S. No. 2
50M—5-42
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9562

State File No.

FILED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 364

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 1 years (Specify whether In this community 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. 2213 Jones St
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Antonie Alabama

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive 52 years

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1943 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 27, 1942, to Mar 22, 1943; that I last saw him alive on Mar 22, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia, of cancer (Nature.)	Dec 41-
Due to: 124 Pl	
Due to:	Jan 1941
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Naples (City, town, or county) Italy (State or foreign country)

10. Usual occupation Banana Salesman

11. Industry or business

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

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

16. (a) Informant Mrs Effie Alabama
(b) Address 2213 Jones St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address 1946 Colhoun St. St Joseph Mo

19. (a) 3-23-43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

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 [illegible] (M. D. or other)
Address 620 Francis Date signed 3/24/43

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 Robert K Gaple

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.