

S. No. 2
A-542
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9611**
Registrar's No. **314**

FILED APR 14 1943
Registration District No. **2**

Primary Registration District No. **1000**

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:
1304 Sylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **11 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, (b) County **Buchanan**
(c) City or town **Saint Joseph**,
(If outside city or town limits, write "RURAL")
(d) Street No. **1304 Sylvania Street**,
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **DEBORAH BURGE FORCE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **David A. Force** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **March 25 1847**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 11 15 hr. min.

9. Birthplace **Unknown, New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalid**

11. Industry or business **John Burdge**

MOTHER FATHER { 12. Name **John Burdge, New York**
13. Birthplace **Unknown, New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Brooks, Va.**
15. Birthplace **Unknown, New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Hoverson**
(b) Address **1304 Sylvania Street,**

17. (a) **Burial** (b) Date thereof **3/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sabetha, Kansas**

18. (a) Signature of funeral director **Walter Hoverson**
(b) Address **319 So. 10th Street, Kansas**

19. (a) **3-12-43** (b) **Doc Hoverson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10th**,
year **1943** hour **6:00** minute **30PM**

21. I hereby certify that I attended the deceased from **Dec 25 1943** to **March 10 1943**
that I last saw **or** alive on **March 10**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **arterio-sclerotic**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **93h**
Major findings:
Of operations
Of autopsy **none**

Duration
? **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) (c) Means of injury
23. Signature **Walter Hoverson** (M: D. or other)
Address **620 Hoverson** Date signed **3/13/43**

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

2-3355

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 3/10/43

..... Registered Apprentice No.
working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

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.