

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 320

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hosp. # 2-2
(If out in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 8 mo 15 days
(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. 605 1/2 N. 13th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME O. D. Kniseley

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased 8-7-1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days " If less than one day - hr. - min.

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

10. Usual occupation Collector

11. Industry or business
12. Name Unknown
13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Louise Kniseley
(b) Address 701 Faron, St. Joseph, Mo.
17. (a) Burial (b) Date thereof 3-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th & Faron St. St. Joseph, Mo.
19. (a) 3-20-43 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1943 hour 11:15 minute A.M.
21. I hereby certify that I attended the deceased from November 28 1942 to March 18 1943
that I last saw him alive on March 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia chr. Myo. Carditis
Due to Cerebral Arteriosclerosis

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy

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?

23. Signature W. H. Paul (M. D. or other)
Address State Hosp. # 2 Date signed 3-18-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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.