

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9670

State File No.

FILED MAR 22 1943
Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 278

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:
2102 South Fourth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT
FULL NAME Isaac Tillman Queen

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

4. Sex m 5. Color or Race W 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife Christina Queen 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased October 3, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 5 hr. min.

9. Birthplace Warren Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business --

MOTHER FATHER { 12. Name Elijah B Queen 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dishman 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Queen
(b) Address 2102 S 4th St. Joseph, Mo.

17. (a) removal (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director W. S. Saddy

(b) Address Wathena, Kansas

19. (a) 3-9-43 (b) Rose Haggard
(Date received local registrar) (Registrar's signature)

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. 2102 South Fourth
(If rural, give location)
(e) Citizen of foreign country? Y No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 25th,
1935 to March 8th, 1943.
that I last saw him alive on March 8th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular lesion of Heart
Duration 7 years

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none
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 John E. Swails (M. D. or other)
Address Wathena, Kansas Date signed 3-9-43

1253

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Al Dadds
Mo 3023
Licensed Embalmer No.

P. O. Address *Wathena Kans*

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.