

FILED MAY 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 466

1. PLACE OF DEATH: Buchanan

(a) County _____

(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 27 years (Specify whether years, months or days)

In this community _____

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. 6216 Carnegie St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN F. METZ

3. (b) If veteran, name war None 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 Mary 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: February 17, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace " 9

{ 14. Maiden name " 9

{ 15. Birthplace " 9

16. (a) Informant Mary A. Metz (Wife)

(b) Address 6216 Carnegie St., City

17. (c) Burial (b) Date thereof 5/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Stupp

(b) Address 6054 Fryor Ave., St. Joseph, Mo

19. (a) 5-2-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 12 minute 30^P M.

21. I hereby certify that I attended the deceased from 4-21-43
to 4-28-43
that I last saw him alive on 4-28-43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerotic Heart Disease
Chronic Degenerative Psycho-
Due to respiratory - Remnant
prostatic hypertrophy

Due to _____

Other conditions (include pregnancy within 3 months of death) 133a

Major findings: Of operations _____

Of autopsy As above

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. Signatures: Harold J. Brunner (M. D. or other) _____
Address St. Joseph, Mo. Date signed 5-2-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

John E. Rupp

Licensed Embalmer No. *3986*

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.