S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24322

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 699

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

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 50 yaers
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1522½ Savannah, Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Manford Ault

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Bertha A. Ault

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

7. Birth date of deceased May (Month) 6 (Day) 1861 (Year)

8. AGE: Years 82 | Months 0 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Hamilton County (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Retired Weigh Master

11. Industry or business Grain Elivator

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

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

16. (a) Informant Family Bible

(b) Address 1522½ Savannah, Ave. ,St.Joseph,Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St.,St.Joseph, Mo.

19. (a) 6-3-43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1943 hour 1 minute 108 M.

21. I hereby certify that I attended the deceased from Jan. 1st, 1943, to June 1st, 1943 that I last saw him alive on June 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia — Duration 8 days

Due to 108

Due to

Other conditions Age = Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Leroi Beckman (M. D. or other)

Address King Hall Bldg St Joseph Mo Date signed 4/2/43

(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 Geo E Daniel

Licensed Embalmer No. Missouri 3300

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.