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5-17-37
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1003

Registrar's No. 789

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
(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 6 years (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. 1501 Boyd (If rural, give location)

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

3. (a) PRINT FULL NAME JAMES LOUIS HADDIX

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

4. Sex male 5. Color or Grace white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Susan E. Haddix 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1865
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>78</u>	<u>3</u>	<u>5</u>	hr. _____ min.

9. Birthplace near Corbin Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation retired section laborer

11. Industry or business Sante Fe Railroad

12. Name John Haddix

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Louis Haddix

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 7/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asnland Cemetery

18. (a) Signature of funeral director Heaton Rutledge & Bowman

(b) Address St. Joseph, Mo.

19. (a) 7/3/43 (b) Rose Heigoz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 12 minute 25A M.

21. I hereby certify that I attended the deceased from 6-15, 1943 to 6-18, 1943
that I last saw him alive on 7-6-1- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis acute - Coronary occlusion -

Due to Uremic Poisoning = 4 + albumin -

Due to atrophy of limbs

Other conditions 132' 2
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

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) (e) Means of injury ✓

23. Signature B. B. Simmons (M. D. or other)

Address St. Joseph Mo Date signed 7/2/43

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 *Frank A. Bourman*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph's 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.