No. 2
-1-4-41
-17-39
X2639

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31201

Registration District No. ~~85~~ 42

Primary Registration District No. ~~1001~~ 1000

Registrar's No. 1032

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: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 7 mos. 8 days (Specify whether years, months or days)

In this community: Yes

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.: 108 North 2nd St. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: MIKE CURRY

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWER

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Sept. (Month) 9 (Day) 1854 (Year)

8. AGE: Years 89 | Months | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: ✓

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

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

16. (a) Informant: Buchanan Co. Sec. Com.
(b) Address: 10 & Olive St. St. Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 18, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: H.O. Sidenfaden & Son
(b) Address: 1802 Union, St. Joseph Mo.

19. (a) 9/18/43 (Date received local registrar) (b) Rose Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1943 hour 2 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from September 1, 1943 to Sept. 16, 1943 that I last saw him alive on Sept. 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar —	
Pneumonia	
Selenile Heart	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:

Of autopsy: Lobar Pneumonia
Selenile Heart

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:

23. Signature: R. B. Sweeney (M.D. or other) M.D.
Address: St. Joseph Mo. Date signed: 9-16-43

123-3 (Licensed Embalmer's Statement on Reverse Side) State Hospt #2

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 Cleon E. Hodges

Licensed Embalmer No. 2729

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.