

FILED SEP 24 1943

Registration District No. 7

Primary Registration District No. 1000

Registrar's No. 1026

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:
3041 So. 22nd St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 years
9 years (Specify whether 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. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Teunnis A. Vanderpluijm
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 8
 year 1943 hour 12 minute 25 P M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Ada
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased January 1, 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25 1943 to Sept 7 1943
 that I last saw her alive on Sept 7 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Ulcerative Colitis
 Duration July 31/43

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

Due to _____
 Due to _____

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

Other conditions Senility
(Include pregnancy within 3 months of death)
 1200

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ada Vanderpluijm (Wife)
3041 So. 22nd St., City

(b) Address Removal

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

(c) Place: burial or cremation Creston, Iowa

18. (a) Signature of funeral director John E. [Signature]
 (b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 9/9/43 (b) Rec King
(Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury _____
 23. Signature Frank [Signature] (M. D. or other)
 Address 620 Francis St Date signed 9/9/43

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

MOTHER FATHER

1235

St. Joseph, Mo.

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.