

34133

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1132

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:
 St. Joseph Hosp. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community Life
 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") 7
 (d) Street No. 117 South 12th
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME John W. Curtin
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 15
 year 1943 hour 6:25 minute A M.
 21. I hereby certify that I attended the deceased from July 6 1943
 19 to 10.15.43
 that I last saw him alive on 10.12.43
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 13 1867
 (Month) (Day) (Year)

Immediate cause of death
 Bronchopneumonia
 Due to Carcinoma hepatic
 fracture of colon
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 H62

8. AGE: Years Months Days If less than one day
 76 2 0 hr. min.

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation County Collectors Office

Major findings: Of operations 0
 Of autopsy as above
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name Dennis Curtin
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Barry
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Curtin
 (b) Address 117 South 12th, St. Joseph
 17. (a) Burial (b) Date thereof Oct. 15, 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet
 18. (a) Signature of funeral director Herman W. Sedwyladen
 (b) Address 1802 Union, St. Joseph
 19. (a) 10/15/43 (b) Rose Hays
 (Date received local registrar) (Registrar's Signature)

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 M. Ryan M.D. (M. D. or other)
 Address 301 North 2nd Date signed 10.13.43

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

1233

(Licensed Embalmer's Statement on Reverse Side)

Ryan
30128

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..... *Alton 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 with the above constitutes grounds for revocation of license.)

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