

S. No. 2  
M-2-43  
5-17-39  
I X32877

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34202**  
Registrar's No. **1190**

FILED NOV 9 1943

Registration District No. **12**

Primary Registration District No. **1005**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St Joseph**  
(c) Name of hospital or institution:  
**420 So 15th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **50 yrs** 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. **420 So 15th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clarence Ernest Northern**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-09-9306**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 13** (Month) (Day) (Year) **1884**

8. AGE: Years **59** Months **8** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boliver** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation **Retired Baker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Northern**  
13. Birthplace **Unknown** 9 (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Tierney**  
(b) Address **2111 So 11th, St Joseph, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-30-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **FLEEMAN & SON, INC.**

(b) Address **St Joseph Mo.**

19. (a) **10-30-43** (Date received local registrar) (b) **Rae Hugo** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **28** year **1943** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 7** 19**43** to **Oct 28** 19**43** that I last saw him alive on **Oct 28** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Manic Depressive Psychosis**

Due to \_\_\_\_\_

Due to **JFC**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **—**

Of autopsy **—**

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 **Charles B. Foye** M. D.

Address **221 Kirkpatrick Bldg 10-29-43**

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

1253

(Licensed Embalmer's Statement on Reverse Side) **St Joseph, Mo**

NOV 17 1948

**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 Robert H. Yapple  
Licensed Embalmer No. 3308  
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.**