

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 712 Locust 1st Str.
(d) Length of stay: In hospital or institution _____
In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 712 Locust
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RONALD-LEE READER

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

4. Sex M 5. Color or race W 6. (a) Single, wid, sep., 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 June 2 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph MO
(City, town, or county) (State or foreign country)

10. Usual occupation Lab home

11. Industry or business _____

12. Name Earl Reader

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

14. Maiden name Dorice Williams

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

16. (a) Informant Mrs Abbie Barton

(b) Address 712 Locust St

17. (a) (Burial, cremation, or removal) Green Lawn (b) Date thereof 10/6/43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Ray Stawley

(b) Address St Joseph Mo

19. (a) 10-6-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1943 hour 7:30 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 21
1943 to Oct 4 1943
that I last saw him alive on Oct 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Syphilis

Due to _____

Due to _____

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

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 Fredrick J. ... (M. D. or other)

Address 109 1/2 W. MO Ave Date signed 10-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
1
7

1233

(Licensed Embalmer's Statement on Reverse Side) 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 Roy Stoney

Licensed Embalmer No.....

2435

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.