

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4163
State File No. _____
Registrar's No. 1443

FILED JAN 5 1943
Registration District No. 2

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution 54 yrs. 8 mos. 3 days
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 7
(e) Citizen of foreign country? Yes
If yes, name country Barataria - Germany

3. (a) PRINT FULL NAME MICHAEL NUSS.

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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-8-65
(Month) (Day) (Year)

8. AGE: Years 78? Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business Baking

MOTHER FATHER
12. Name unknown
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 Buchanan County Coroner

(b) Address St. Joseph, Missouri

17. (a) Burial, cremation, or removal St. Joseph, Mo. (b) Date thereof 12/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cem

18. (a) Signature of funeral director J. H. Morrow
(b) Address 6054 Pryor St. St. Joseph

19. (a) 12-15-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-1-1943 to 12-6-1943
that I last saw him alive on 12-6-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchopneumonia

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

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? _____
(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 J. H. Morrow (M. D. or other)
Address State Hospital No. 2 Date signed 12-11-43

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.....
body was not embalmed....., 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.