

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14200
Registrar's No. 375

FILED MAY 11 1944

Registration District No.

Primary Registration District No.

5134

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph - Wash. Imp.
(c) Name of hospital or institution: Rt#6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Charles

Searcy

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex

Male ()

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Florence

6. (c) Age of husband or wife if

alive 65 years

7. Birth date of deceased

April

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

70

11

27

hr. min.

9. Birthplace

UNKNOWN

(City, town, or county)

(State or foreign country)

10. Usual occupation

RETIRED

11. Industry or business

SWIFT & CO.

12. Name

BARTLETT SEARCY

13. Birthplace

ST. JOSEPH, MO. O

(City, town, or county)

(State or foreign country)

14. Maiden name

RUTH WHITE

15. Birthplace

BUCHANAN CO., MO. O

(City, town, or county)

(State or foreign country)

16. (a) Informant

FLORENCE SEARCY (WIFE)

(b) Address

Rt#6, ST. JOSEPH

17. (a)

BURIAL

(b) Date thereof 4/2/44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

BETHEL CEM.

18. (a) Signature of funeral director

John E. Cripp

(b) Address

6054

PRYOR

19. (a)

4/3/44

(b)

Rose Hazy

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (Rural)
(d) Street No. R. F. D. #6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 2
year 1944 hour minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 1 to April 1, 1944, and that death occurred on the date and hour stated above.
Immediate cause of death
Pneumonia, lobes P. 7 da.
Cholera, lobes P. 34

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

7 da.

34

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

J. R. Hazy

(M. D. or other)

Address 234 1st Ave

St. Joseph

Date signed 4/3/44

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, ~~and~~

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.