

FILED MAY 11 1944

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1008

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:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 8 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 miles south of Wathena  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Andrew Tarter

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

4. Sex M 5. Color or race W 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 July 6, 1932  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 8 23 hr. \_\_\_\_\_ min.

9. Birthplace Wathena, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

12. Name Oscar W. Tarter  
13. Birthplace Richmond, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hazel Coss  
15. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar W. Tarter

(b) Address Wathena, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Walter Meierhagen

(b) Address 1302 Niagara St. St. Joseph, Mo.

19. (a) 3-29-44 (Date received local registrar) (b) Arce Steigoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1944 hour 6 minute 30 PM

21. I hereby certify that I attended the deceased from March 10, 1944 to March 29, 1944  
that I last saw him alive on March 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning  
Due to Acute Nephritis  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: none  
Of operations none  
Of autopsy none

Duration  
19 days  
19 days  
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)  
23. Signature John H. Smith (M. D. or other)  
Address Wathena, Kansas Date signed 3-30-44

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

MOTHER FATHER

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**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 Alfred L. Sedds .....

..... Licensed Embalmer No. 3023 .....

P. O. Address Wathena, Kansas .....

**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.**