

FILED MAY 24 1944

State File No.

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 458

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint 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 About week
(Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Olive Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Lee McVey

3. (b) If veteran, name war ✓ 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 Mrs. Sina McVey 6. (c) Age of ~~husband~~ wife if alive 65 years
7. Birth date of deceased August 4 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Packing Plant

11. Industry or business Swift & Company

MOTHER FATHER { 12. Name Coleman McVey
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Unknown
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sina McVey
(b) Address 1018 Olive Street

17. (a) Burial (b) Date thereof Apr. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Register Cemetery

18. (a) Signature of funeral director Mo. E. P. Sidenfaden
(b) Address 602 South 10th Street

19. (a) 4-18-44 (b) Use Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1944 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 11th
1944, to April 15th 1944
that I last saw him alive on April 15th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Prostatic obstruction
operation
Due to _____
Due to _____

Other conditions 137a
(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 0
23. Signature W. H. Zwickler (M. D. certifier)
Address Social Welfare Board Date signed 4-17-44
St. Joseph, Mo.

Duration

1 wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

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.