V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21139

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 652

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: Saint Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community Fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Saint Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 South 16th Street 7
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James William Partch
3. (b) If veteran, name war ✓
3. (c) Social Security No. 491-09-7340
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of ~~husband or~~ wife Mrs. Louise Partch
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August (Month) 11 (Day), 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	9	25	hr. min.

9. Birthplace Unknown (City, town, or county) Nebraska 1 (State or foreign country)
10. Usual occupation Foreman for St. Joseph
11. Industry or business Transfer Company
FATHER
12. Name Rufus Partch
13. Birthplace Unknown (City, town, or county) Penn 1 (State or foreign country)
MOTHER
14. Maiden name Sarah Seigley
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. Louise Partch
(b) Address 1020 South 16th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Mrs E. R. Sidenfaden
(b) Address 602 South 10th Street
19. (a) 6-7-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1944 hour 6 minute 30 P M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on June 5th, 1944 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury to Chest, Fracture of left Clavicle, Fracture of Sternum, and several ribs
Due to Lung puncture, Hemorrhage and shock
Due to Fracture of pelvis 195 e 1 94

Duration

Other conditions
(Include pregnancy within 3 months of death)
Man was fatally injured
Major findings:
Of operations when a heavy display Case, turned over, Catching
Of autopsy no: Man between the Case and the pavement.

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) accident 131
(b) Date of occurrence June 5-1944
(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fredrick Boul, and 26th st (Specify type of place)
While at work? yes (e) Means of injury Show Case Coroner
23. Signature H. F. Mundy (M. D. or other)
Address 404 So 3d St Date signed 6/6/44

1377

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1944

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. Siebenaler Fox

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.