

V. S. No. 2
FORM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 11 1942
Registration District No.

Primary Registration District No. 1000

Registrar's No. 698

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: State Hosp. # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 3 days
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 1000
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Stephen Pistole

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 11 minute 0 A M.

21. I hereby certify that I attended the deceased from 5-22-44
to 6-25-44
that I last saw him alive on 6-25-44
and that death occurred on the date and hour stated above.

4. Sex MO

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: Not known
(Month) (Day) (Year)

Immediate cause of death: Hypostatic broncho-pneumonia Duration short

8. AGE: Years 82 Months 3 Days 3
If less than one day hr. min.

Due to probably cancer of rectum & prostate

Due to

9. Birthplace Do not know (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) H62

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Do not know

13. Birthplace DK (City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Admission data

(b) Address ✓

17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 9013 main Maryville Mo

19. (a) 6/27/44 (b) John J. Beale
(Date received local registrar) (Registrar's signature)

Major findings: Of operations H62

Of autopsy

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) (c) Means of injury 0

23. Signature E. H. Magee (M. D. or other) MD

Address State Hosp # 2 6/25/44

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

MOTHER FATHER

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.....

..... 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.