DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21176

FILED JUN 29 1944

Registration District No. 2 — Primary Registration District No. 1000 — Registrar's No. 628

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 River (If not in hospital or institution, write street number or location)

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

In this community 3 weeks Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State ? (b) County ? 11

(c) City or town ? (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 7

(e) Citizen of foreign country? ??? (Yes or No)

If yes, name country ??? 0

3. (a) PRINT FULL NAME Unknown

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 27 Unknown (Month) (Day) (Year)

8. AGE: Years About 75 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant H.F. Mundy M.D. (Coroner)

(b) Address 3rd & Sylvanie St.

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

(c) Place: burial or cremation St. Joseph City Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Prizor Ave

19. (a) 6-17-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 16 year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from on June 16, 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 Apparently Drowned

Due to Man body found in the Missouri river about 1/4 mile

Due to South of the G.I. RR Bridge lodged on a piling 40 feet

Other conditions from the East bank of the river Body in a bad state (Include pregnancy within 3 months of death)

Major findings: Of operations of preservation. Deceased probably 3 to 6 mos

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24

(a) Accident, suicide, or homicide (specify) not determined

(b) Date of occurrence Un-know 131

(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? In the Missouri River (Specify type of place)

While at work? no (e) Means of injury Drowned

23. Signature H F Mundy (M. D. or other) (Coroner)

Address 404 So 3d St. Date signed

1377

(Licensed Embalmer's Statement on Reverse Side)

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~~ body was not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.