

S. No. 2
M-8-43
7-5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30568

FILED OCT 9 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 971

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 St. Josephs Hosp -
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
In this community 4 hrs. 40 min (Specify whether years, months or days)

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 _____ ii

3. (a) PRINT FULL NAME

Baby Boy Story -

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 44 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h.i.m. alive on 9-27-44 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced - 0
(b) Name of husband or wife New Born Baker (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-28-44 (Month) (Day) (Year)

Immediate cause of death Prematurity (9 months) Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 40 min.

9. Birthplace St. Joseph Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Dechan Story
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Bealaine Helen Wheeler
15. Birthplace St. Joseph Mo (City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) SA

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Childs Story (b) Address 2223 Fernon
(c) Place: burial or cremation Burial (b) Date thereof 9/29/44 (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Aslan Beal & Bowman
(b) Address 319 So 4th
19. (a) 9/28/44 (Date received local registrar) (b) Helen S. Baker (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. P. Wadlow, M.D. (M. D. or other) Address 625 Francis St. Joseph Date signed 9-28-44

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

1377

(Licensed Embalmer's Statement on Reverse Side)

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 Not.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Frank A. Gowman
Licensed Embalmer No. 1710
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.