

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40701**

Registration District No. **42**

Primary Registration District No. **1600**

Registrar's No. **1234**

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:
1610 Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)
In this community **18 years**

3. (a) PRINT FULL NAME **RALPH G. MISENHELTER**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **491-09-2242**

4. Sex **0 male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Cleo D. Misenhelter** 6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **February 16 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 9 25 hr. min.

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

10. Usual occupation **groceryman**

11. Industry or business

MOTHER FATHER { 12. Name **John W. Misenhelter**
13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Hetta Burkette**
15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. G. Misenhelter**
(b) Address **1610 Pacific**
17. (a) **burial** (b) Date thereof **12/13/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**
18. (a) Signature of funeral director **Hester BeHole & Bowman**
(b) Address **319 So. 10th**

19. (a) **12/12/44** (b) **Hubert Tucker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** 11
(c) City or town **St. Joseph** 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. **1610 Pacific**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **11**
year **1944** hour **2** minute **55 A** M.

21. I hereby certify that I attended the deceased from **10 years**
_____, 19____, to **Dec 4**, 19**44**
that I last saw him alive on **Dec 4**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation** Duration
10 years

Due to **initial hypertension**

Due to **Chronic myocarditis**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **92**
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
23. Signature **H. H. N. Toman** (M. D. or other) **MD**
Address **414 West 4th St** Date signed **Dec 14/44**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. H. N. Thompson
Kirkpatrick Bldg.

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

Frank A. Newman

Licensed Embalmer No.

1710

P. O. Address

St Joseph M

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.