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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9091

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 307

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Rural #5, Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excello Addition
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Rural #5,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Arthur George

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle George

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 11 (Day) 1872 (Year)

8. AGE: Years 72 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

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

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

16. (a) Informant Myrtle George
(b) Address R.R.#5, Excello Addition, St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri.

19. (a) 3-16-45 (Date received local registrar) (b) Helen I. Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1945 hour 2 minute 45 a. M.

21. I hereby certify that I attended the deceased from march 2, 1945 to march 14, 1945 that I last saw him alive on March 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency — Duration unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature S E Meluney (M. D. or other) M. D.
Address 214 Kirkpatrick Bld Date signed 3/18/45

1377 (Licensed Embalmer's Statement on Reverse Side) Saint Joseph 8, Mo

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.