

FILED JUL 17 1945

Registration District No.

Primary Registration District No. 1000

739

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:
1514 South 33rd. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 93 years
(Specify whether 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. 1514 So. 33rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Dandurant

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Clara Dandurant 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 14 1851
(Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation retired Leather Worker

11. Industry or business Wyeth Hardware Co.

12. Name John B. Dandurant

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Gertrude Ryan

(b) Address 1514 So. 33rd. Street,

17. (a) burial (b) Date thereof 7/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Helen D. Baker

(b) Address 319 South 10th Street,

19. (a) 7/10/45 (b) Helen D. Baker
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 9th
year 1945 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from 6-20-45
19 to 7-7-45 19
that I last saw him alive on 7-7-45 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Gangrene (left foot)

Due to Diabetes

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (c) Means of injury
23. Signature J. J. Jewett (M. D. or other) 00
Address St. Joseph Mo Date signed 7-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1877

True Body

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. Burman*

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.