U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26906

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 866

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 Joseph's Hosp. ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 3.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virgil David Pistole
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Single ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 26 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
33	11	14	hr. min.

9. Birthplace Sharon (City, town, or county) Kansas ! (State or foreign country)
10. Usual occupation Laborer - Country Club
11. Industry or business
FATHER
12. Name Samuel J. Pistole
13. Birthplace Platte Co. (City, town, or county) Mo. () (State or foreign country)
MOTHER
14. Maiden name Bertha May
15. Birthplace (City, town, or county) Oregon ! (State or foreign country)
16. (a) Informant Lennious Pistole
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Whitesville, Mo.
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) 8-11-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1945 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from Aug. 8, 1945, to Aug 9, 1945;
that I last saw him alive on Aug 9, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abscess of left lung.	?
multiple abs rt lung	?
Due to Pul. Tbc	?
Due to	
Other conditions Encephalitis (Include pregnancy within 3 months of death)	24 hrs.

Major findings:
Of operations
Of autopsy Same

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 Frank H. Hardegan (M. D. or other)
Address 620 Francis Date signed 8/10/45

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~~ .....

~~Registered Apprentice No.~~ .....

working under my personal supervision.

Signed Robert L. Gaple

Licensed Embalmer No. 3308

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.