

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1235

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

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: Missouri Methodist Hospital *D*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 17 years

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. 110 Century Apt.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel John Moorhead

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 Laura B. Moorhead 6. (c) Age of husband or wife if alive would not state years

7. Birth date of deceased September 18 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November day 15th.
year 1945 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from 11-3-45
1945 to 11-15 1945
that I last saw him alive on 11-15 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Lobar pneumonia *7 days*

Due to Pulmonary thrombosis *about 5 days*

Due to Chronic coronary heart

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Moorhead Brick & Tile Co.

MOTHER { 12. Name Samuel J. Moorhead

13. Birthplace Unknown Ireland *4*
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Biggam

15. Birthplace Endenbouro Scotland *4*
(City, town, or county) (State or foreign country)

Major findings: Of operations 100

Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Laura B. Moorhead

(b) Address 110 Century Apts., St. Joseph, Missouri

17. (a) Removal (b) Date thereof 11/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1502 Paragon, St. Joseph, Missouri

19. (a) Not needed (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 0

23. Signature L. C. Baseman (M. D. or other) _____
Address 670 2nd Ave. St. Joseph, Mo. Date signed 11-16-45

APR 16 1946

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..... *Albert R. 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.