

BUREAU OF THE CENSUS  
**FILED MAR 28 1946 STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 191

**1. PLACE OF DEATH:**  
 (a) County DuSman  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp # 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)  
 In this community 27 days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Jackson 11  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 605 1/2 E 31st St  
(If rural, give location)  
 (e) Citizen of foreign country Polish born (Yes or No)  
 If yes, name country .....

**3. (a) PRINT FULL NAME** John George Sr.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Kathleen George 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 17 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>11</u>	<u>25</u>	hr. min.

9. Birthplace Naples Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation JP, retired

11. Industry or business .....

12. Name Anthony George

13. Birthplace unknown Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Kathleen George

(b) Address 605 1/2 E 31st St

17. (a) Burial (b) Date thereof 2-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Walter K. Malley - St. Joseph

(b) Address 300 Senwood Blvd. St. Joseph, Mo

19. (a) Feb 13 1946 (b) J. Nestlebusch  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**FEBRUARY**  
20. DATE OF DEATH: Month 2/12 day 12  
year 1946 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from 2/10/46, 1946 to 2/12, 1946  
that I last saw him alive on 2/11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Embolism  
Duration 2 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations g30

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 L. J. Shick (M. D. examiner) .....

Address St. Joseph, Mo Date signed 2/12/46

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

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

MOTHER FATHER

**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

*Blair E. Beck*

Licensed Embalmer No.

*4063*

P. O. Address

*Kansas City, 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.**