S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4684

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 219

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: 708 South 21st St. /
(If not in hospital or institution, write street number or location)

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

In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

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

(d) Street No.: 708 South 21st. St. 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Ike Settles

3. (b) If veteran, name war: No

3. (c) Social Security No.: 491-10-6805

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Rosie Settles

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

7. Birth date of deceased: March 3, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	11	15	hr. min.

9. Birthplace: Hannible, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Artesian Co. Ice & Coal

FATHER
12. Name: Charles Settles
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: Rosie Settles
(b) Address: 708 So. 21st. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 20, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Beatrice Gray
(b) Address: 812 Pacific St.

19. (a) Feb 23-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1946 hour 3.00 minute A.M.

21. I hereby certify that I attended the deceased from 4th Feb., 1946, to 18 Feb., 1946; that I last saw him alive on 18 Feb., 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Apoplexy	15 da
Due to: Senility	1 month
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: None
Of operations: 1
Of autopsy: None

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): None

(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 kind of place)

While at work? Means of injury: 0

23. Signature: [signature] (M.D. or other)

Address: [illegible] Date signed: 19[illegible]

34 (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 Earl A. Clark

Licensed Embalmer No. 4238

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.