

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 8571

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 327

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution 9 yrs. 6 mo. 11 da.
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME CLARENCE E. JOHNS.

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

4. Sex Male 5. Color or race Negro 6. (b) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife
7. Birth date of deceased unknown 1888?

8. AGE: Years 58? Months ? Days ? If less than one day hr. min.

9. Birthplace unknown unknown

10. Usual occupation Cook

11. Industry or business

12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace

16. (a) Informant Tom Washington

(b) Address 739 1/2 So. 5th St. St. Joseph, Mo

17. (a) Burial (b) Date thereof 3 19 46

(c) Place: burial or cremation Asylum Cemetery

18. (a) Signature of funeral director J. H. Mearns

(b) Address 1602 S. Missouri

19. (a) Mar. 21, 1946 (b) Registrar's signature J. H. Mearns

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-1-1943 to 3-18-1946 that I last saw him alive on 3-17-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Syphilis

Due to

Other conditions (Include pregnancy within 3 months of death) 30 y

Major findings: Of operations

Of autopsy Myocarditis Syphilis

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?
(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 J. H. Mearns (M: D. Mearns)
Address State Hospital No. 2 Date signed 3-18-46

Duration

Sudden

25 years

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

W. Ramsey

Licensed Embalmer No.

4081

P. O. Address

1602 Mission

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.