

No. 2
-8-43
-17-39
X37823

FILED APR 10 1946
Registration District No. 42

Primary Registration District No. 1000

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:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Rural Washington 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles SE of City on Agency, Rd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Statts

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Nora Statts

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 70 _____ hr. _____ min.

9. Birthplace Rånville Minn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Hans Knudtson

13. Birthplace unknown Norway 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Norway 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Clouser

(b) Address Agency, Mo.

17. (a) burial (b) Date thereof 3/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director St. Joseph, Mo.

(b) Address _____

19. (a) Mar. 30, 1946 (b) Off. Seal of Reg. R.H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from March - 1945 to March 25, 1946
that I last saw him alive on March 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease Duration 2 yrs

Due to Arterio Sclerotic 2 or 3 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury 0

23. Signature John J. Byrne (M. D. or other) _____
Address St. Joseph, Mo. Date signed 3/27/46

James L. ...

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 25 Mar

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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.