

S. No. 2  
OM-2-43  
Rev. 5-17-39  
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12270

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAY 4 8 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 484

**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  
(If not in hospital or institution, write street number or location)

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

In this community 25 years  
(Specify whether years, months or days)

**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. 204 Texas  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** FRANK RICHARD METCALF

3. (b) If veteran, name war No

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month April day 24  
year 1946 hour 9 minute 05A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Estelle

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 15, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1947 19   to Apr. 24 1946  
that I last saw him alive on April 23 1946  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Diabetes Mellitus Duration 4 yrs.

Due to Arteriosclerosis

9. Birthplace Schullsberg, Wisconsin  
(City, town, or county) (State or foreign country)

Due to Cerebral hemorrhage 18 mo.

Other conditions Bilateral Cataracts  
(Include pregnancy within 3 months of death)

10. Usual occupation Cattle Buyer

11. Industry or business Self

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

16. (a) Informant Glenn Metcalf (Son)

(b) Address 204 Texas St., St. Joseph,

(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? \_\_\_\_\_

17. (a) Removal (b) Date thereof 4/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schullsberg, Wis

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director John C. Cripp

(b) Address 6054 Pryor Ave., City

19. (a) Apr. 26, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

Address St. Joseph, Mo Date signed 4-24-46

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

11179

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**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..... *John E. Rupp*

Licensed Embalmer No. *3986*

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.**