

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. **12304**

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 477

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:
Missouri Methodist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day Specify whether
In this community 34 Years
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. 427 No. 10th //
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles C. Searcy
3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb 28 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 22 hr. min.

9. Birthplace Winston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Contractor

11. Industry or business _____

12. Name Jackson Searcy

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

14. Maiden name Mary Caldwell

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

16. (a) Informant Mrs Susie Searcy

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Burial Estate

18. (a) Signature of funeral director Fleeman & Son, Inc.

(b) Address St Joseph, Mo.

19. (a) Apr. 25, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 20
year 1946 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 14 to April 20, 1946
and that death occurred on the date and hour stated above.
that I last saw h. alive on April 20, 1946

Immediate cause of death Cerebral hemorrhage Duration 1 1/2 hrs.

Due to Chronic hypertension 5 yrs
Due to Chronic myocardial infarction 2 yrs

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

Major findings: [Signature]
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 _____

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

Address Hubert Blay Date signed 1/20/46

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

11213

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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~~ BYZZ

~~Registered Apprentice Embalmer~~

working under my personal supervision.

Signed

Robert H. Geph

Licensed Embalmer No. 3308

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.