

S. No. 2  
M-5-43  
5-17-39  
X3687

FILED MAY 17 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

(c) Name of hospital or institution: Mo. Methodist Hospital

(d) Length of stay: In hospital or institution 1 day

In this community 1 day

3. (a) PRINT FULL NAME Fred H. Squire

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Winnie M. Squire

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

7. Birth date of deceased December 13 1861

8. AGE:	Years	Months	Days	If less than one day
	84	4	21	hr. min.

9. Birthplace Wotago Illinois

10. Usual occupation farmer

11. Industry or business

12. Name Alfred M. Squire

13. Birthplace unknown New York

14. Maiden name Hanna Stevens

15. Birthplace unknown New York

16. (a) Informant Fred H. Squire, Jr.

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 5/6/46

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Walter Betts & Bowman

(b) Address St. Joseph, Mo.

19. (a) May 7, 1946 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rosendale

(d) Street No.

(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1946 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 2 1946 to May 4 1946 that I last saw him alive on May 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic cerebral pyelonephritis

Due to: Steptalopathy of parathyroid glands

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

Major findings: Of operations

Of autopsy

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?

23. Signature Charles Greenberg (M. D. or other)

Address St. Joseph, Mo. Date signed 5/5/46

34

By Harry Beck

**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

*Raymond W. Mercehead*

Licensed Embalmer No. 4413

P. O. Address 319 So 10th 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.**