

FILED JUL 9 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **710**

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:
5314 Barbara St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **55 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. **5314 Barbara St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Joseph Dupree**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**
6. (b) Name of husband or wife **Amelia Dupree** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct. 27, 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **7** Days **18** If less than one day hr. min.

9. Birthplace **Ontario Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Grocer**

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)

16. (a) Informant **Mrs. Joseph E. Morris**
(b) Address **5314 Barbara St.**

17. (a) **Burial** (b) Date thereof **June 12, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Wm. J. ...**
(b) Address **5025 King Hill Ave. St. Joseph, Mo.**

19. (a) **June 24, 1946** (b) **W. J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1946** hour **9** minute **25 a.** M.

21. I hereby certify that I attended the deceased from **9/15/46**
19... to **6/15** 19...
that I last saw him alive on **6/15** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
coronary occlusion 1 hr. preliminary coronary artery disease chronic hypertension 25 yrs.

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations **gtd**
Of autopsy.....
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 **Wm. J. ...** (Print name or other)
Address **St. Joseph, Mo.** Date signed **6/18/46**

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

18383

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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, ~~on~~ 6-15-46

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

Signed Earl A. Clark

Licensed Embalmer No. 4256

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.