

S. No. 2
 M-5-43
 y. 5-17-39
 I X36671

FILED JUN 25 1946

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Paseo and Gregory Boulevard 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 1/
 (c) City or town St. Joseph 1/
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1416 North 26th Street 7
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME J. Glen TALBERT
3. (b) If veteran, name war No
3. (c) Social Security No. # unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
 year 1946 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha L. Talbert
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March 11 1901
 (Month) (Day) (Year)

Immediate cause of death Skull fracture
 Due to Crushed chest
 Due to Compound Fracture of Leg
Auto Trauma

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

Other conditions (2 autos)
 (Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 Of autopsy no
Histology & Juyveton
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 123
 (b) Date of occurrence 6-13-46
 (c) Where did injury occur? St. Joseph, Missouri
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 (Specify type of place)
 While at work? _____ (e) Means of injury Auto Trauma

9. Birthplace Hannibal Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation District Manager
11. Industry or business Metropolitan Ins. Co.
MOTHER FATHER
12. Name John Granville Talbert
13. Birthplace Leabonon Indiana
 (City, town, or county) (State or foreign country)
14. Maiden name Minnie Bowling
15. Birthplace Ely Missouri
 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha L. Talbert
(b) Address 1416 N. 26th, St. Joseph,
17. (a) Removal (b) Date thereof 6-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Missouri
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.
19. (a) 6-14-46 (b) Steraldine Holmes
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
23. Signature J. Glen Talbert (M. D. or other) 3
Address 1416 N. 26th St. St. Joseph, Mo. Date signed 6-14-46

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 *Elmer E. Heck*

Licensed Embalmer No. *4063*

P. O. Address. *Kansas City, 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.