S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21606

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22743

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 853

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 30 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Caldwell
(c) City or town Breckenridge
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME WILLIAM A. GERMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora M. German
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 19 (Day) 1876 (Year)

8. AGE: Years 70 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Morristown (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER
12. Name Anderson German
13. Birthplace — — (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Virginia Winkle
15. Birthplace — — (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Ray Horrod
(b) Address Richmond, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Breckenridge Mo
18. (a) Signature of funeral director Gene C. Michael
(b) Address Braymer, Mo.
19. (a) July 27, 1946 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 5 ~~minute~~ P M.

21. I hereby certify that I attended the deceased from July 14, 1946 to July 18, 1946
that I last saw him alive on July 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Strangulated hernia left inguinal operation and urinary	1 da
Due to retention — & old prostatectomy	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Strangulated hernia	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul Forgrave (M. D. or other)
Address 731 Faraon Date signed 7-19

J4

(Licensed Embalmer's Statement on Reverse Side)

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.