

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22776

**FILED** JUL 22 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 1000 Registrar's No. 800

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

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:  
3116 Summit Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years (Specify whether years, months or days)

In this community \_\_\_\_\_ (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. 3116 Summit Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT Grant A. McVey  
FULL NAME

3. (b) If veteran, No name war

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1946 hour 3 minute P M.

21. I hereby certify that I viewed the deceased from July 16th 46, 1946, to 19;

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie McVey

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 11, 1874  
(Month) (Day) (Year)

that I last saw h alive on 19;

and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 830

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

72 1 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Court House, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business Mail Carrier

MOTHER FATHER

12. Name Irwin McVey

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

14. Maiden name Unknown Zimmerman  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Jessie McVey

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Cemetery

18. (a) Signature of funeral director Heaton Retals + Bowman

(b) Address St. Joseph, Mo.

19. (a) July 17, 1946 (b) A. J. Nestlehigh  
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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)

(c) Means of injury Coroner

23. Signature B. W. Tadlock (M. D. or other) \_\_\_\_\_  
Address King Hill Bldg Date signed 7/16/46

3K (Licensed Embalmer's Statement on Reverse Side)

JUL 24 1946

SEP 11 1946

Working Next Party

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. Merhead

Licensed Embalmer No. 4473

P. O. Address 319 So 10th St Memphis

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.