

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED AUG 20 1946 STANDARD CERTIFICATE OF DEATH

26299

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 910

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:
2209 Union /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 32 Years (Specify whether
 In this community 32 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. 2209 Union (If rural, give location) 7
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs Tennie Cline
 3. (b) If veteran, name was No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month August day 7 11
 year 1946 viewed 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Aug, 12th 1946 to Aug, 12th 1946
 that I last saw h. alive on Aug, 12th 1946
 and that death occurred on the date and hour stated above.

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James M. 6. (c) Age of husband or wife if alive 1878 years
 7. Birth date of deceased March 8 1878
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration

8. AGE: Years 68 Months 5 Days 3 If less than one day hr. min.

Due to.....
 Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Butler Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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

MOTHER FATHER

11. Industry or business.....
 12. Name John McCuan
 13. Birthplace Not Known Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Brown
 (City, town, or county) (State or foreign country)
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Keith Walker
 (b) Address St Joseph Missouri
 17. (a) Burial (b) Date thereof 8-13-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Mora Cemetery
Fleeman & Son Inc.
 18. (a) Signature of funeral director St Joseph, Mo.
 (b) Address
 19. (a) Aug. 14, 1946 (b) A. M. ...
 (Date received local registrar) (Registrar's signature)

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 B. W. Tadlock or other 3
 (M. D. or other)
 Address King Hill Bldg Date signed 9/24/46

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

25143

34

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

11210

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.....

Robert H. Yapple

Licensed Embalmer No. *3308*

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.