

S. No. 2
OM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF HEALTH INSURANCE
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32802

State File No. 1151
Registrar's No.

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 77 Railroad Avenue
(d) Length of stay: In hospital or institution 40 years.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 77 Railroad Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Curtis Branson Mapes
(b) If veteran, name war none
(c) Social Security No. 491-10-2209

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10
year 1946 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Oct. 10 1946 to 1946
that I last saw h. alive on 1946 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 Anna Mapes
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 26 1885
(Month) (Day) (Year)

Immediate cause of death: Suicide by fire arms
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 61 Months 3 Days 14
If less than one day hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
1640

9. Birthplace Enid Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Supt.

11. Industry or business Street Railway Power House

12. Name Alonzo Mapes

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

14. Maiden name Anna Oliver

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

16. (a) Informant Mrs. Curtis B. Mapes

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 10/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Beale & Bowman
(b) Address St. Joseph, Mo.

19. (a) Oct. 15, 1946 (b) [Signature]
(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) Suicide
(b) Date of occurrence Oct. 10, 1946
(c) Where did injury occur? St. Joseph, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? No (Specify type of place) Gun
(e) Means of injury
23. Signature B. W. Tadlock King Hill Bldg. (M. D. 3)
Address St. Joseph, Mo. Date signed 10/14/46

34

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..... Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 319 So 11th 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.