

S. No. 2  
M-5-43  
7-5-17-39  
p 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1132826

FILED OCT 28 1946  
Registration District No. 42 Primary Registration District No. 1000  
State File No. 1171  
Registrar's No. 1171

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: MISSOURI METHODIST HOSPITAL  
(d) Length of stay: 14 DAYS  
In this community ABT-60-YRS.

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County BUCHANAN 11  
(c) City or town ST-JOSEPH  
(d) Street No. 1105-MYRTLE-AVE  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JOSEPH-W-S TOUFFER  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCT. day 14  
year 1946 hour 12.50 minute 8 M.  
21. I hereby certify that I attended the deceased from Oct 1-46  
that I last saw him alive on Oct 13  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHT.  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MARY  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased FEB 26 1955

Immediate cause of death Uraemia  
Arterio sclerosis  
Due to Pyelo nephritis Chronic  
Organic Heart Disease  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 91 Months 7 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace FRONT-ROYAL-VIR.  
10. Usual occupation RETIRED

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name ABRAM- STOFFER  
13. Birthplace PENN.  
14. Maiden name JULIA- SPANGLER  
15. Birthplace PENN.

16. (a) Informant Clyde S Stouffer  
(b) Address St Joseph 710  
17. (a) (b) Date thereof OCT. 16-1946  
(c) Place: burial or cremation PARKVILLE - MO

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Stouffer Funeral Home  
(b) Address St Joseph 710  
19. (a) (b) (c) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J D Bausbach (M. D. or other) MD  
Address 845 1/2 Fred. Ave Date signed 10/14/46

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

3F

Am. Burial Co.  
825 1/2 7th

NOV 13 1948

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 John Roy Plummer

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.