

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

36150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 16 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1366

1. PLACE OF DEATH:

(a) County... Buchanan

(b) City or town... St. Joseph

(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... 60 days

In this community... 60 days

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Kansas (b) County... Jefferson 99

(c) City or town... Ozawkie

(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 Metzger, Grover D.

3. (b) If veteran, name war: ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, year 1946 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from 7-25-46 to NOV 25 1946

that I last saw him... alive on NOV 25 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... Ferne 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased... May 25 1886

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Hemorrhage

Due to Cancer of Larynx

Duration 10 min

9. Birthplace Ozawkie Kansas

(City, town, or county) (State or foreign country)

10. Usual occupation Produce & Feed Store Oper.

11. Industry or business retail sales

MOTHER FATHER {

12. Name Edson B. Metzger

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Sarra Ann

15. Birthplace -----

(City, town, or county) (State or foreign country)

16. (a) Informant Dora Buddy

(b) Address Ozawkie, Kan.

17. (a) Removal (b) Date thereof 11/25/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozawkie, Kansas

18. (a) Signature of funeral director John E. Ruff

(b) Address 6054 Pryor Ave., City

19. (a) Dec. 11, 1946 (b) John E. Ruff

(Date received local registrar) (Registrar's name and address)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ca larynx

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Oscar Whitecell (M. D. _____)

Date signed 12-9-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34972

382

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.