

No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39679

State File No. _____

FILED JAN 7 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1431

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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs
(Specify whether years, months or days)

In this community 10 hrs (Life)

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. 820 South 11th
(If rural, give location)

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

3. (a) PRINT FULL NAME Jack Huber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1946 hour 3 minute 45 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 24 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-24, 1946, to 12-24, 1946
that I last saw him alive on 12-24, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 10 hr. 0 min.

Immediate cause of death Prematurity
Premature infant, gestation 6 mo.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

Due to _____

Due to _____

Other conditions 159
*(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER { 12. Name Dorothy Danner

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

FATHER { 14. Maiden name Billy Huber

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

16. (a) Informant Jack Huber

(b) Address 820 South 11th, St Joseph Mo

17. (a) Burial (b) Date thereof Dec. 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cemetery

18. (a) Signature of funeral director St James Funeral Home

(b) Address St Joseph, Mo.

19. (a) 12-31-46 (b) G. C. Jenkins
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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: Irvin J. Rosenthal (M. D. or other) M.D.

Address St Joseph Mo Date signed 12/27/46

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

382

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 G. Hurley
Licensed Embalmer No. 4050
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.