

Registrar's No. 247

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 617 So. 17th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. *

20. DATE OF DEATH: Month February day 19
year 1947 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1946 to 19 February, 1948
that I last saw him alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death <u>Coronary Thrombosis</u>	Duration
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Due to *Chronic Endocarditis*

Due to,

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

Major findings:
Of operations

Of autopsy

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 2
 Signature John Hartsock (M. D. or other) D.
 Address St. Joseph, Missouri Date signed 2-19-

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St Joseph Ma

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.