

S. No. 2
DOM-5-43
Rev. 5-17-39
X 36871

FILED MAR 14 1947
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, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1304 So 10th - 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days) 20 - years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John W. Justice
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex MALE
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Sarah Jane
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 - 10 - 1860
 (Month) (Day) (Year)

8. AGE:
 Years 87 Months 2 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace Bethany, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Paul

12. Name John J. Justice

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

14. Maiden name Paul
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Homer M. Miller

(b) Address 1304 So 10th St. Joseph, Mo.

17. (a) Removal Burial **(b) Date thereof** 3 - 12 - 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany, Mo.

18. (a) Signature of funeral director R. J. J. J. J.

(b) Address St. Joseph, Mo.

19. (a) Date received local registrar Mar 11, 1947 **(b) Registrar's signature** E. C. Jenkins

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1304 So 10th - 1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 10 year 1947 - hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb 11, 1947, to March 10, 1947
 that I last saw him alive on March 9, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Pneumonia
 Duration 8 da.

Due to Chronic myocarditis 1 mo.

Due to _____

Other conditions Senility
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy a3D

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 0

23. Signature Edgmont M.D. (M.D. or other)
 Address St. Joseph, Mo. Date signed 3-10-47

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 *R. G. Taggart*.....

Licensed Embalmer No. *2563 -*.....

P. O. Address. *King City 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.