

3. No. 2
-12-45
5-17-39
I X47070

FILED JUN 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 745

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:
823 No. 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

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. 823 N. 9th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME William Hansen Courtney

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 September 2 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>71</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name William Courtney

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

14. Maiden name Kilbey Cox

15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T.D. Albright

(b) Address 721 No. 24th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof June 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Muehler

(b) Address 1246 Colhoun St., St. Joseph, Mo.

19. (a) 6-13-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10 1947 to June 10 1947
that I last saw him alive on June 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of stomach near the esophagus - from history
Other Conditions: Senile Dementia
Due to XXX

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

Major findings: XXX
Of operations _____
XXXXXX
Of autopsy XXXX

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 8

23. Signed Charles H. Werner (M. D. or other) _____
Address Kirkpatrick Bldg. Date signed 6-12-47

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 *Albert R. Harrington*
Licensed Embalmer No. 3258 Missouri
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.