

FILED SEP 8 1947

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1056

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St Joseph  
 (c) Name of hospital or institution: State Hospital # 2  
 (d) Length of stay: In hospital or institution. 22 days  
 In this community 1.8 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St Joseph  
 (d) Street No. 407 1/2 St  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Hise  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 16  
 year 1947 hour 5 minute 55 P. M.

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Mary  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased April 28 1870

21. I hereby certify that I attended the deceased from July 25 1947 to August 16 1947  
 that I last saw him alive on August 16 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Infarction of Myocardium due to Arteriosclerotic Coronary Thrombosis

8. AGE: Years 77 Months 3 Days 18

Duration 2 days

9. Birthplace Albany Missouri

Due to ...

10. Usual occupation Hospital attendant

Other conditions Hemorrhage from artery of Brain due to Arteriosclerosis

11. Industry or business  
 12. Name Noah Hise  
 13. Birthplace Gettysburg Pa.  
 14. Maiden name Elizabeth Rose  
 15. Birthplace Ohio

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Of autopsy 94A

16. (a) Informant Records, State Hosp # 2  
 (b) Address St Joseph, Mo.  
 17. (a) Burial (b) Date thereof 8-18-47  
 (c) Place: burial or cremation Country Mo

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?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Gary Samuel Ham  
 (b) Address St Joseph, Mo  
 19. (a) 9-4-47 (b) E. B. Johnson

23. Signature Elbert P Johnson (M. D. or other) M.D.  
 Address State Hospital # 2 Date signed 8/16/47

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

11/3

**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..... *Victor Barry* .....

Licensed Embalmer No. *4212* .....

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.