No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 17 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37210

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1332

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. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 0 (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 No. 18th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME James Severin Wind

3. (b) If veteran, name war W. W. #1

3. (c) Social Security No. 491-09-2312

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lillian I. Wind

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November (Month) 23 (Day) 1894 (Year)

8. AGE: Years 52 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Hayward (City, town, or county) California (State or foreign country) 1

10. Usual occupation Printer

11. Industry or business St. Joseph Gazette

FATHER
12. Name Christian J. Wind
13. Birthplace Unknown (City, town, or county) Demark (State or foreign country) 4

MOTHER
14. Maiden name Maria K. Moller
15. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4

16. (a) Informant Lillian I. Wind
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 11-12-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 24 D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1947, to Nov 6, 1947; that I last saw him alive on Nov 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver	3
Due to: Varix Gastric Mucosa Ruptured & Hemorrhage	24 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 118
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature J. M. Allaman (M. D. or other) 0
Address P. S. Bldg St. Joseph, Mo. Date signed 11/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 2 3 1949

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 Francis Joseph Wyland Jr., Registered Apprentice No. 444, working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

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.