

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

312
State File No. _____
Registrar's No. 56

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital of institution: State Hospital No 2
(d) Length of stay: 7 yr 7 mo 11 day
In this community 7 yr 7 mo 11 day

3. (a) PRINT FULL NAME William Tannehill
3. (b) If veteran, name war.
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 Oct. 24 - 1887

8. AGE: Years 60 Months 2 Days 21
If less than one day hr. min.

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

10. Usual occupation Steamster

11. Industry or business

MOTHER FATHER

12. Name unknown G
13. Birthplace unknown Unknown
14. Maiden name unknown
15. Birthplace unknown Unknown

16. (a) Informant Mrs Paul Tannehill Ven
(b) Address St. Louis Mo. 2610 So. 48. St.

17. (a) Removal (b) Date thereof Jan. 17, 1948
(c) Place: burial or cremation Kirkville Missouri

18. (a) Signature of funeral director E. Rosenbader
(b) Address St. Joseph, Mo.

19. (a) 1-19-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County City St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. City Sanitarium (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 15
year 1948 hour 7 minute 40 A. M.
21. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 15, 1948
that I last saw him alive on Jan 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration

Due to Arterio sclerosis

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) (c) Means of injury

23. Signature J. Thomas (M. D. of state)
Address St. Joseph Mo Date signed 1/15/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.