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 APR 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11533

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 428

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: Missouri Methodist Hospital (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 30 Years 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. 3220 Doniphan, Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Budine

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Blanche

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 4, (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	1	5	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Unk. Unk
13. Birthplace Unk (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk Unk
15. Birthplace Unk (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mrs. Blanche Budine

(b) Address 3220 Doniphan, St. Joseph, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sabetha, Kansas

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St. Joseph, Missouri

19. (a) 4-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 342

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9, year 1948 hour 10 minute 20 a.m.

21. I hereby certify that I attended the deceased from Apr 6, 1948, to Apr 9, 1948, that I last saw him alive on Apr 9 10:20 a.m. 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Phlegmons of neck & face right myocarditis

Due to Dental origin

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93E

Duration

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 Luther Ferguson M. D.

Address 723½ Felix St Joseph Mo Date signed 4-10-48

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

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.