

FILED JUN 1 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15431

Primary Registration District No. 1000

Registrar's No. 583

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

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:
2615 State Street
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution not
(Specify whether years, months or days)
In this community 80 years.

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. 2615 State Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Percy Lenox Bristol

3. (b) If veteran, name war None
3. (c) Social Security No. 497-1292448

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married divorced Widowed 2

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 1863

7. Birth date of deceased June 9 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 13
If less than one day hr. min.

9. Birthplace Warren Perm
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Bristol Supply Co.

12. Name Henry R. Bristol

13. Birthplace New Lebanon New York
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Brown

15. Birthplace Bristol England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Bruess

(b) Address 2618 State St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 5-25-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1948 hour 6 minute 17 A.M.

21. I hereby certify that I attended the deceased from March 5, 1948 to May 22, 1948
that I last saw him alive on May 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis, general
Due to: Carcinoma of pancreas
Carcinoma liver

Other conditions: Emaciation
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature O. Grant M.D. (M.D. or other)
Address St. Joseph, Mo. Date signed 5-22-48

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

Raymond J. Morehead

Licensed Embalmer No. 4413 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.