

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 16 1949

State File No. 316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 19

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) -----	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Franklin</u>	b. (Middle) <u>Wilson</u>	c. (Last) <u>Real</u>	<u>January 4 1949</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married</b> (Specify)	<b>8. DATE OF BIRTH</b> <u>June 1 1872</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Indiana</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Real</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Weathers</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie Real</u>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nellie Real</u>		<b>ADDRESS</b> <u>Gilman City, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Military Pulmonary Tuberculosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericious anemia</u>			<u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pericious anemia</u> DUE TO (c) <u>Tuberculosis of glands of neck</u>			<u>6 yrs.</u> <u>3 yrs.</u>

<b>19a. DATE OF OPERATION</b> ---	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>No operation.</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>-----</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>U</u>

22. I hereby certify that I attended the deceased from Dec 31, 1948, to Jan 4, 1949, that I last saw the deceased alive on Jan 4, 1949, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>E. M. Shores M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>317 1/2 Kirkpatrick Rd. St. Joseph, Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-5-49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>Jan. 4 1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Gilman City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Gilman City, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-6-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>E. C. Jenkins 382</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hatter Meierhoffer</u>	<b>ADDRESS</b> <u>1946 Colburn St., St. Joseph, Mo.</u>
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WRITE PLAINLY—USING 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, Raymond H. Forehead

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Raymond H. Forehead*

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.