

No. 300
10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26124

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>941</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and date)			
a. COUNTY <u>Buchanan</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2014 Lovers Lane.</u>				d. STREET ADDRESS (If rural, give location) <u>2014 Lovers Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>(Nate) Nathan</u>		b. (Middle) <u>****</u>		c. (Last) <u>Block</u>	
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Jewish</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF DEATH <u>August 24, 1949</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		11. BIRTHPLACE (State or foreign country) <u>Rushville, Indiana.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>M. Ghee Ins. Agency</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Block</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Levy</u>		14. NAME OF HUSBAND OR WIFE <u>Violet Block</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-18-9810</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Violet Block St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia - Splenic</u> INTERVAL BETWEEN ONSET AND DEATH <u>2044</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April 1949</u> , to <u>Aug 24, 1949</u> , that I last saw the deceased alive on <u>Aug 29, 1949</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John L. Byrnes, M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8-25-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adath Joseph Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kalter Meierhoffer 1946 Colhoun St. St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 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, *******

**** **** ****

Student Embalmer No. ****

working under my personal supervision.

**** ****

Student
Student Embalmer

Signed *Albert Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.