

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37490**  
**4706**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4706

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 11</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2029 KENSINGTON</u>                                   |  |
| c. LENGTH OF STAY (in this place) <u>40 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>KANSAS CITY 23</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINWOOD NURSING HOME</u>                                |  |   |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>FRED</u> b. (Middle) <u>ST. JOHN</u> c. (Last) <u>ST. JOHN</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>NOV. 3-1949</u> |  |  |
| 5. SEX <u>M O W</u>   |  | 6. COLOR OR RACE <u>W</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> |  |
| 8. DATE OF BIRTH <u>FEB. 10-1853</u>  |  | 9. AGE (In years last birthday) <u>96</u>                             |   | 10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>23</u>                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>STONE MASON</u>      |  | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> |   | 11. BIRTHPLACE (State or foreign country) <u>SABULLA IOWA!</u>       |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |   |   |  |  |

|  |  |   |  |                                   |  |
|--|--|---|--|-----------------------------------|--|
| 13a. FATHER'S NAME <u>NO INFORMATION</u> |  | 13b. MOTHER'S MAIDEN NAME <u>NO INFORMATION</u> |  | 14. NAME OF HUSBAND OR WIFE _____ |  |
|--|--|---|--|-----------------------------------|--|

|   |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>J. Lane Wright</u> ADDRESS <u>308 Kensington R. C. Mo</u> |  |
|---|--|-------------------------------------|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u><br>ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2-3 yrs</u><br><u>10-20 yrs</u> |
|---|--|---|--|--|--|

|                              |  |   |  |  |  |
|------------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION <u>4-2-1</u> |  | 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) _____ |  |
| 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"/> |  | 21f. HOW DID INJURY OCCUR? _____                      |  |

22. I hereby certify that I attended the deceased from 10/30 to 11/3, 1949, that I last saw the deceased alive on 10/30, 1949, and that death occurred 10:53 P.M., from the causes and on the date stated above.

|   |  |                                     |  |                                 |  |
|---|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE OF REGISTRAR <u>Mrs. P. J. ...</u> |  | 23b. ADDRESS <u>720 Bryant Bldg</u> |  | 23c. DATE SIGNED <u>11/4/49</u> |  |
|---|--|-------------------------------------|--|---------------------------------|--|

|   |  |                             |  |  |  |
|---|--|-----------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>             |  | 24b. DATE <u>NOV 5 1949</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo</u> |  |                             |  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-5-49</u> |  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> |  | FEDERAL DIRECTOR'S SIGNATURE <u>Mrs. L. Foster</u> ADDRESS <u>116 Mo</u> |  |
|---|--|---|--|--|--|

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

Dr. Walter P. Jacobs  
728 Bryant Bldg.

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 \_\_\_\_\_

*Clayton Barnes*

Student Embalmer No. *348*

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joe B. Yoder*

Licensed Embalmer No. *4173*

P. O. Address *K. C. 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.