

REC'D APR 11 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

10177  
Do not use this space.

335

**1. PLACE OF DEATH**

(a) County BUCHANAN Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 335  
 (c) City St. Joseph, Mo. (d) Street No. 1825 BEATTIE St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1825 BEATTIE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Gertie Davis  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertie Davis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1889  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Common  
 10. Date deceased last worked at this occupation (month and year) Feb 19 39 11. Total time (years) spent in this occupation years 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran Missouri

13. NAME J. J. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran Missouri

15. MAIDEN NAME Sarah E. Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Missouri

17. INFORMANT Gertie Davis  
(ADDRESS) 1825 Beattie

18. BURIAL, CREMATION, OR REMOVAL PLACE Stausberry Mo DATE Mar. 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy Stamey St. Joseph Mo

20. FILED MAY 30 1939 M. J. Rottlebusch  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 29 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1939 to 3-29 1939

I last saw him alive on 3-28 1939 Death is said

to have occurred on the date stated above, at 4 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Influenza

Name of operation none Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, no, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Director of Health M. D.

(Address) 216 1/2 W. 7th Ave  
St. Joseph, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*John H. Hurley*  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *John H. Hurley*  
Licensed Embalmer No. *4850*

P. O. Address.....

**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, above space should be left blank.**