

SEP 12 1939

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

28662
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 893
(c) City ST. JOSEPH (d) Street No. ST. JOSEPH - HOSPITAL 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 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME JAMES - H. NEWKIRK
(a) Residence, No. 1417 SOUTH 9TH. 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) Widowed
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 5 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 19 26 11. Total time (years) spent in this occupation 40
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
13. NAME Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
17. INFORMANT (ADDRESS) Geo. Brumback St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Sept 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stanley St. Joseph, Mo.
20. FILED Aug 31 1939 A. J. Mettlich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1939
22. I HEREBY CERTIFY, That, I attended deceased from Aug 20 1939, to Aug 30 1939
I last saw him alive on Aug 31 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Rheumatic heart disease
Myocardial infarction
Dehydration - 92%
Other contributory causes of importance:
Cholelithiasis
Prostatic Hypertrophy
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) George W. Carey, M. D.
(Address) 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.

WHILE FILLING IN WITH UNFADING INK THIS IS A PERMANENT RECORD

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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

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

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *40510*

P. O. Address *23355 1/2 Joseph*

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.