

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

42798
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 2018 Francis 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 29 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. R. F. D. #5 St. Joseph, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Martha Sellers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1860.

7. AGE YEARS 79 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired -
 9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter.
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Fort Wayne
 (STATE OR COUNTRY) Indiana

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Eugene H. Sellers
 (ADDRESS) R. F. D. #5 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemt.
 PLACE St. Joseph, Mo. DATE Dec. 10 19. 39

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Street, St. Joseph, Mo.

20. FILED 12/11/39, 19. H. H. H. H. H.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Dec. 9, 1939
 that saw him alive on Dec. 9, 1939 Death is said to have occurred on the date stated above, at 9:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Arterio-sclerosis
Senility
 Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Phys. exam Was there an autopsy? No

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) Wm. H. Tally M. D.
 (Address) Corby Bldg. 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.

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.....

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

working under my personal supervision.

Signed: *Robert P. Carlson*

Licensed Embalmer No. 4028.

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, above space should be left blank.