. S. No. 2
—11-10-39
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I X21492
11

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10302

FILED APR 12 1940

Registration District No. 86

Primary Registration District No. 5127

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Buchanan TWP

(b) ~~City or town~~ Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RR Crossing at Airport Road. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

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(d) Street No. 1110 Church Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vernon Williams 452

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-4760

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November, 27th. 1882
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	3	7	hr. min.

9. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Mangels Ladies Ready to wear.

FATHER
12. Name Dont Know 9
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. J. C. Harris 1
(b) Address 1110 Church

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6th, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman Wm. Lidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Mar. 6, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1940 hour 8 minute 30 a M.

21. I hereby certify that I ~~attended~~ viewed the deceased from Mar. 4, 19 40 to , 19 ;
that I last saw h. ~~alive on~~ ###### , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Jumping in front of train

Due to

Due to 170

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Mar. 4 1940

(c) Where did injury occur? Near St Joseph, Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
~~Near St Jo~~ Public Place Mo.
(Specify type of place)

85

While at work? no (e) Means of injury Train

23. Signature B. W. Tadlock Coroner (M. D. or other) 4

Address King Hill Bldg Date signed 3/5 '40

(Licensed Embalmer's Statement on Reverse Side)

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. Clarkson

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.