

Registration District No. 85

Primary Registration District No. 1001

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1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 60 years 1 Mos. 28 Days
(Specify whether 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")
(d) Street No. 1808 Francis Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1940 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 20, 1940 to May 21, 1940;
that I last saw him alive on May 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage
cause in diagnosis Duration 24 hrs

Due to _____
Due to _____
Other conditions 1100
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) 1
Address [Address] Date signed 5-22-40

3. (a) PRINT FULL NAME Frank Peter Vetusky 320

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Rose ????? 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased March 23 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Fireman 7

11. Industry or business Local Fire Department

12. Name Jacob Vetusky 7

13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ushler

15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maureen Murphy

(b) Address Omaha, Nebr.

17. (a) BURIAL (b) Date thereof MAY 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE, 9 AM

18. (a) Signature of funeral director [Signature]
(b) Address 1802 Union Str. St. Joseph, Mo

19. (a) 5/22/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.