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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21249

Registration District No. 85

Primary Registration District No. 1001

State File No. _____

Registrar's No. 654

1. PLACE OF DEATH:

(a) County Buchanan 1

(b) City or town St Joseph

(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 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sam Brantner 655

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>Est. 61</u>	<u>?</u>	<u>?</u>	hr. _____ min.

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

10. Usual occupation Waiter + Cook 9

11. Industry or business Brier, Conat. Co 9

MOTHER

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Mrs Bradley Cogsworth

(b) Address 3021 Welfar Board Com. Hall

17. (a) Burial (b) Date thereof June 15 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director James D. ...

(b) Address 218 South 1st St St Joseph, Mo

19. (a) 6/17/40 (b) [Signature]
(Date received by registrar) (Registrar's signature)

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. 6090 South 10th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1940 hour 3:25 minute P.M.

21. I hereby certify that I attended the deceased from June 14 1940, to June 14 1940, that I last saw him alive on June 14 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure approx 60 mi.

Due to not known

Due to (Saw patient for first time minutes heart attack from which he did not recover)

(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M.D. or other) 1

Address St Joseph, Mo Date signed 6-15-40

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

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

John E. Myers
.....
Licensed Embalmer No. *3320*
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.