

No. 2
-13-40
17-39
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1096

FILED NOV 22 1940

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

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: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months 23 days
(Specify whether years, months or days)
 In this community all his life 5 mo 23 da

3. (a) PRINT FULL NAME Louis Northern
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Not known
 6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 65 years hr. min.

9. Birthplace Not known 9
(City, town, or county) (State or foreign country)

10. Usual occupation Not known 9

11. Industry or business _____

12. Name Not known 9

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

14. Maiden name Not known ?

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

16. (a) Informant Jackson County Home
 (b) Address Jackson City, Mo.

17. (a) Burial (b) Date thereof Oct 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp #2

18. (a) Signature of funeral director Clark Hartney
 (b) Address 5025 King Hill Ave

19. (a) Oct 21 1940 (b) St Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Jackson Co Home
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15th
 year 1940 hour 7 minute 35 P.M.
 21. I hereby certify that I attended the deceased from Oct 12, 1940
 19____ to Oct 15, 1940.
 that I last saw him alive on Oct 15, 1940, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic 5 months
Intermittent
 Due to Arteriosclerosis 9 mo
 Due to _____

Other conditions Bronchial Pneumonia 3 days
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
85
(Specify type of place) (e) Means of injury
 23. Signature Herbert C. Linn (M. D. or other) MD.
 Address State Hosp #2 ST. JOSEPH Date signed 10-16-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. A. Clark

Licensed Embalmer No.

3476

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, fact should be so stated above.