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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6360

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 240

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: 1901 Mitchell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 63 years 4 Mo. 20 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 Mitchell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LeRoy Settle
3. (b) If veteran, name war None
3. (c) Social Security No. 500-10-4453
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Erma Settle
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 10 (Month) - 6 (Day) - 1877 (Year)

8. AGE: Years 63 Months 4 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace De Kalb County (City, town, or county) 0 Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business St Joe Cleaning Co. Prop.
FATHER
12. Name Alphonse B. Settle
13. Birthplace Memphis (City, town, or county) 1 Tenn. (State or foreign country)
MOTHER
14. Maiden name Cordelia (Unknown)
15. Birthplace De Kalb County (City, town, or county) 0 Mo. (State or foreign country)
16. (a) Informant Mrs. L. D. Kimsey
(b) Address 1901 Mitchell Ave St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St. Joseph, Mo.
19. (a) 2-28-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th. year 1941 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from Feb 26, 1941, to Feb 26, 1941; that I last saw him alive on Feb. 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Feb 26/41
Due to anterior Sel. gen	✓
Due to	
Other conditions Ang. Pectoris (Include pregnancy within 3 months of death)	?
Major findings: Of operations —	94 Po
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? 8 E (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank H. Hanleyan (M. D. or other) M.D.
Address Kinnpolnier Bla Date signed 2-7-41

(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

myself, Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.