

No. 2
4-13-40
5-17-39
I X23

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

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JUL 10 1941 85
Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 6401 Taylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days) 20 years

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. 6401 Taylor St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

ALVIN R Nye

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1941 hour 8 minute 16 P.M.

21. I hereby certify that I attended the deceased from 6-16, 1941, to 6-16, 1941, that I last saw him alive on 6-16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolism 1 hr.
Due to Chronic Endo and Myocarditis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grey
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: February 22 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 24 hr. min.

9. Birthplace: Howard County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: _____

12. Name: Underwood

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

14. Maiden name: Underwood
15. Birthplace: Underwood 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Lucy Nye
(b) Address: 6401 Taylor

17. (a) Removal (b) Date thereof: 6-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burial, Iowa

18. (a) Signature of funeral director: Frank Jacobson

(b) Address: 218 South 10th St St Joseph Mo

19. (a) 6-18-41 (b) B. J. Nestlehuber
(Date received local registrar) (Registrar's signature)

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature: E. J. Gross (M. D. or other) _____

Address: 5008 W. Hill Date signed: 6-17-41

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 B. J. Brentlinger

Licensed Embalmer No. 4281

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.