

Registration District No. **85**

Primary Registration District No. **1001**

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 1 Day
(Specify whether years, months or days)

In this community 28 Years 3 Mo. 8 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. 2401 S. 6th.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRANT ALBERT CARL

3. (b) If veteran, name war none

3. (c) Social Security No. 491-10-5825

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Dorothy Mae Carl

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

7. Birth date of deceased March 17 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>28</u>	<u>3</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Trucker

11. Industry or business St. Joseph Sanitation Co.

12. Name Robert O. Carl

13. Birthplace Nodaway County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Hohn

15. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert O. Carl

(b) Address 2401 S. 6th. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6--27--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC

(b) Address St. Joseph, Mo.

19. (a) Jan 22 1941 (b) H. J. Sweeney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th.
year 1941 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from on June 26 1941, to _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by fire Duration 1 day
arms, 38 Caliber, fatal
wound through right parietal
Due to wall of skull, and
injuries to the brain
Due to poison

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

Major findings: _____
Of operations _____
Of autopsy no

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) Suicide

(b) Date of occurrence June - 24 - 1941

(c) Where did injury occur? St. Joseph Buchanan MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Street corner of 6th and Buchanan
(Specify type of place)

While at work? no (e) Means of injury Pistol shot

23. Signature H. J. Mandy (M. D. Section) M. D.
Address 404 So 3d St. JOSEPH Date signed 6/26/41

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, me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph W

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.