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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31100

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 926

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 Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 da. In this community: unknown (Specify whether years, months or days)

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.: 518 N-3rd St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Gus-Stevens
3. (b) If veteran, name war: —
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 9 (Month) — 12 (Day) — 1908 (Year)
8. AGE: Years: 33 Months: 0 Days: 10 If less than one day: hr. min.
9. Birthplace: Kansas-City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Cement
12. Name: (Father)
13. Birthplace: (City, town, or county) (State or foreign country) 9
14. Maiden name: (Mother)
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Ethel-Calamese
(b) Address: 518-N-3rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation: City-Cem.
18. (a) Signature of funeral director: G. Hayes
(b) Address: 806-S. 17th St
19. (a) 9-25-1941 (Date received local registrar) (b) H. Testebuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 22 year: 1941 at hour: 8 minute: 10 P. M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on Sept 22, 1941, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by poisoning, ingestion of a solution of Costic soda (Sodium hydroxide) — Duration: 1 day
Due to: 1103 H.
Due to:
Other conditions (Include pregnancy within 3 months of death): Man had been drinking heavily previously to drinking the poison.
Major findings: Of operation: 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: Sept 22-1941
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Lye Solution
23. Signature: H. F. Mundy (M. D. or Coroner)
Address: 404 So 3d St. Joseph Date signed: 9/25/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 5 1948

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

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