

BUREAU OF THE CENSUS  
FILED MAR 11 1942

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 25

Primary Registration District No. 100

Registrar's No. 183

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST-JOSEPH - (City)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rosary Hill 42  
2018-FRANCES-ST-Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 DAYS  
(Specify whether  
In this community LIFE -  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town INDUSTRIAL-CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Benjamin-H-DeSpain

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

20. DATE OF DEATH: Month Feb day 20  
year 1942 hour 11 AM minute - M.

21. I hereby certify that I attended the deceased from Oct 1941  
2/20/42 to 2/19/42  
that I last saw him alive on 2/19/42  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lavinia DeSpain 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased June 29 1855  
(Month) (Day) (Year)

Immediate cause of death Interstolovian  
Inferiority of age Duration

8. AGE: Years 86 Months 5 Days 21 If less than one day  
hr. min.

Due to  
Due to

9. Birthplace Buchanan Co Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

Major findings: Of operations  
Of autopsy no PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business  
12. Name Hamilton DeSpain  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mo  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Bert E. DeSpain  
(b) Address St. Joseph Mo  
17. (a) burial (b) Date thereof Feb 22 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Oak  
18. (a) Signature of funeral director Ray Stamer  
(b) Address St Joseph Mo  
19. (a) Feb 21 1942 (b) Ray Stamer  
(Date received local registrar) (Registrar's signature)

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
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?  
While at work? (Specify type of place) (e) Means of injury 0  
23. Signature Ray Stamer (M. D. or other)  
Address St Joseph Mo Date signed 2/20/42

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, ~~or by~~ .....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*John Roy Stamer*

Licensed Embalmer No.

*2435*

P. O. Address

*St. Joseph*

**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.**