

FILED JUL 20 1942

85

Registration District No. ....

Primary Registration District No. ....

1001

Registrar's No. 63-4

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
422 North 22nd, Street  
(d) Length of stay: In hospital or institution Not  
In this community 72 years 3 months 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 422 North 22nd, Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Montgomery Badger

(b) If veteran, name war No. (c) Social Security No. 488-14-9467

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maenora P. Badger  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 4 1869

8. AGE: Years Months Days If less than one day  
73 3 26 hr. min.

9. Birthplace St. Joseph Missouri

10. Usual occupation Retired News Paper, Employee

11. Industry or business News Corporation

12. Name Edward P. Badger  
13. Birthplace Unknown Unknown  
14. Maiden name Mary Griffith  
15. Birthplace Unknown Missouri

16. (a) Informant Mrs. Maenora P. Badger  
(b) Address 422 No. 22nd. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7-2-1942  
(c) Place: burial or cremation Graham, Missouri.

18. (a) Signature of funeral director Walter Reichhoffer  
(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 7-1-42 (b) Rose Heagy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th.  
year 1942 hour 8 minute 20 P. M.

I hereby certify that I attended the deceased from June 30 - 42  
June 30 1942 to June 30 1942  
that I last saw him alive on June 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 h

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) gza

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? .....  
While at work? (Specify type of place) (a) Means of injury .....  
23. Signature W. H. Allman (M. D. or other) .....  
Address Graham, Mo. Date signed 7/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11  
1  
7

1233

*Dr. Allman*

**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, Geo. E. Daniel  
....., Registered Apprentice No. ....  
: working under my personal supervision.

Signed Geo. E. Daniel  
Licensed Embalmer No. 3300 Missouri  
P. O. Address St. Joseph, Missouri

**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.**