

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 23

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:
1433 No 15th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 55 yrs (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. 1433 No 15th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Newell Coder

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased June 9 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Fulton Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Rock Island

11. Industry or business.....

12. Name Conrad C. Coder

13. Birthplace Penna
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Coder
(b) Address 1433 No 15th

17. (a) Burial (b) Date thereof 8-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cem.

18. (a) Signature of funeral director Fleckman & Son Inc
(b) Address St Joseph, Mo

19. (a) 1-5-43 (b) Kae Hejzoo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Dec 12th 1942 to Jan 3rd 1943 that I last saw him alive on Jan 3rd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Penis & head of Penial

Due to.....

Due to.....

Other conditions founder
(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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Herbert Beck (M. D. or other)
Address Wing Hill, Mo Date signed 1/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. J. ... Mo

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~~.....

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

Signed..... *Robert H. Yapple*

Licensed Embalmer No. *3308*.....

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.