

Registration District No. **FILED FEB 23 1943**

Primary Registration District No. **1000**

Registrar's No. **174**

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:
1720 No 3 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community **over 50 years**
(Specify whether years, months or 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. **1720 No 3 1**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN-M- TETHEROW**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Jan** day **26**
year **1943** hour **1:15** minute **P** M.

21. I hereby certify that I attended the deceased from **July 1935** to **Jan 26 1943**
that I last saw him alive on **Jan 26 1943**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **Wht.**

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

6. (b) Name of husband or wife **Nettie**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Dec 30 1864**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **830**

8. AGE:

Years	Months	Days	If less than one day
78	0	26	hr. min.

9. Birthplace **Andrew Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Real Estate**

11. Industry or business

12. Name **Levi Tetherow**

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

14. Maiden name **Catherine Threlkell**

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

16. (a) Informant **Earl Tetherow**

(b) Address **St. Joseph Mo**

17. (a) **B** **(b) Date thereof** **Jan 28 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland**

18. (a) Signature of funeral director **Roy Stoney**

(b) Address **St. Joseph Mo**

19. (a) **Jan 28-43** **(b)** **Roy Stoney**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Physician.....

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 **Wm. E. Jackson** **MD**
(M.D. or other)

Address **1202 Paul St. St. Joseph Mo** signed **1/27/43**

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

MAY 8 1958

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 Stoney*.....
Licensed Embalmer No. *2435*.....
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.