

FILED MAY 13 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

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

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:  
1213 North 10th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John B. Good

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

Feb 9, 1866

(Month) (Day) (Year)

8. AGE:

Years 77

Months 2

Days 24

If less than one day

hr. min.

9. Birthplace

Bethany

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Retired Tinner

11. Industry or business

unknown

12. Name

unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Social Security Comm.

(b) Address

Patee Hall, St. Joseph, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-7-43

(Month) (Day) (Year)

(c) Place: burial or cremation

City Cemetery

18. (a) Signature of funeral director

Tracy Barry Funeral Home

(b) Address

218 South 10th St, St. Joseph, Mo.

19. (a) 5-7-43

(Date received local registrar)

(b) Rose Herzog

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1213 North 10th St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from

Jan 10 1943 to May 3 1943  
that I last saw him alive on May 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

Due to H.B.P.

15 yrs

Due to Arterio Sclerosis

20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) \_\_\_\_\_  
(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? \_\_\_\_\_

Home (Specify type of place)

23. Signature J.P. Elliott (M. D. or other) \_\_\_\_\_  
Address 201 1/2 South 10th St, St. Joseph, Mo. Date signed 5-6-43

10205

**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..... *Don Clark* .....

Licensed Embalmer No. *216* .....

P. O. Address *St Joseph R.* .....

**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.**