

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24355

State File No. _____
Registrar's No. 758

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Meth Hosp.

(d) Length of stay: In hospital or institution 4 days

In this community over 43 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 2717 Laurel

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALEX - DUMBRECK.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex M

5. Color of skin W

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

6. (b) Name of husband or wife Minnie Bell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 26 1864

8. AGE: 79 Years 1 Months 1 Days

9. Birthplace Glasgow Scotland

10. Usual occupation Harness shop operator

11. Industry or business operator

12. Name John Dumbreck

13. Birthplace Scotland

14. Maiden name Annie

15. Birthplace Scotland

16. (a) Informant Allan Dumbreck

(b) Address St. Joseph Mo

17. (a) (b) Date there June 30 1943

(c) Place: burial or cremation Mt. Auburn Cem

18. (a) Signature of funeral director Roy Stamer

(b) Address St. Joseph Mo

19. (a) 6-30-43 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 5:55 minute P M.

21. I hereby certify that I attended the deceased from June 21 1943 to June 26 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ac myocarditis	1 da
Fracture of rt femur	6 da
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) Yes, accident

(b) Date of occurrence June 21-43 1943

(c) Where did injury occur? St. Joseph Buchanan Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature: W. W. Kearney (M. D. or other)

Address: St. Joseph Mo Date signed: 6-28-43

Dr. Kerby

1925

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 Clancy*
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.