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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34229

State File No. \_\_\_\_\_

ED NOV 9 1943

Registrar's No. 1241

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(c) Name of hospital or institution: Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton  
(c) City or town Cameron, Mo.  
(d) Street No. East 2nd St.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Dennis Tarter

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive aaaaaa years  
7. Birth date of deceased Sept. 28 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 0 9 hr. min.

9. Birthplace Summerset Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name W. Tarter  
13. Birthplace Summerset Ky.  
14. Maiden name Jane Collins  
15. Birthplace Summerset Ky.

16. (a) Informant Cletus Tarter  
(b) Address Cameron, Mo.

17. (a) Removal (b) Date thereof Oct. 17th 1943  
(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Cameron, Mo.

19. (a) 10/17/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th.  
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-15-43  
to 10-17-1943  
that I last saw him alive on 10-17-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis  
Due to Refluxed appendicitis

Due to \_\_\_\_\_  
Other conditions 12/11  
(Include pregnancy within 3 months of death)

Major findings: Gangrenous refluxed appendicitis  
Of autopsy none

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

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul Jorgensen (M. D. or owner)  
Address St. Joseph, Mo. Date signed 10-18-43

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

MOTHER FATHER

Duration 3 days

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1230

48

23266

**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 \_\_\_\_\_

*[Handwritten Signature]*

Licensed Embalmer No. \_\_\_\_\_

1180

P. O. Address \_\_\_\_\_

*[Handwritten Address]*

**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.**