

FILED JAN 12 1944

State File No. 44780

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1447

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:
115 W. Indiana Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 years (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. 115 W. Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Francis Tobin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-05-1859

4. Sex Male 5. Color or race W. 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 June 4 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 10 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Rate Clerk

11. Industry or business Western Weighing Bureau

MOTHER FATHER { 12. Name James W. Tobin
13. Birthplace Martinsburg W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Mulligan
15. Birthplace Martinsburg W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Tobin

(b) Address 115 W. Indiana Ave.

17. (a) Burial (b) Date thereof 12-16-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. K.C. Mo.

18. (a) Signature of funeral director Norman W. Seduladen

(b) Address 1802 Union St. St. Joseph Mo

19. (a) 12-16-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I viewed the deceased from Dec 14 1943 to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to _____

Due to Man died suddenly while sleeping snow at his
Other conditions None without previous known illness or disability
(Include pregnancy within 3 months of death)

Major findings: Known illness or disability PHYSICIAN _____
Of operations _____

Of autopsy no gpa
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? _____

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

23. Signature H. F. Mandy (M. D. or other) Coroner
Address 404 So 3d Date signed 12/14/43

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

11
1
7

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

Norman W. Sidenfaden

Licensed Embalmer No. *2728*

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.