

S. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6619

FILED MAR 15 1944

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

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 183

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 St Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Several years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St Joseph Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 South 18th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARCHIBALD - PARRISH

3. (b) If veteran, name war WW

3. (c) Social Security No. 2W

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
year 1944 hour nine minute 25 P.M.

21. I hereby certify that I attended the deceased from  
January 26 1944 to February 10 1944  
that I last saw him alive on February 10, 1944  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mable O'Neil 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 3 1871  
(Month) (Day) (Year)

Immediate cause of death tuberculous - Lung Duration 1 day

Due to Osteomyelitis

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 111a

Of autopsy \_\_\_\_\_

8. AGE: Years 73 Months 1 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sullivan County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Packing Houses

MOTHER FATHER { 12. Name unk \_\_\_\_\_

13. Birthplace unk \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name unk \_\_\_\_\_

15. Birthplace unk \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Shelford Board Records

(b) Address St Joseph

17. (a) B (b) Date thereof 2-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City - Lew

18. (a) Signature of funeral director St Joseph

(b) Address St Joseph Mo

19. (a) 2-12-44 (b) Rose Hergog  
(Date received local registrar) (Registrar's signature)

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 W.M. Juchacz (M. D. or other) \_\_\_\_\_  
Address St Joseph Mo signed 2/11/44

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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**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 Stanley*

Licensed Embalmer No. *2435*

P. O. Address. *Joseph Hill*

**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.**