

S. No. 2
M-2-43
5-17-39
-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

12216

FILED MAY 28 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 445

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 809 N. Noyes Blvd. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry M. Carder

3. (b) If veteran, No name war _____
3. (c) Social Security No. 487-14-4275

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Magnolia 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: October 16 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 26 If less than one day
hr. _____ min. _____

9. Birthplace Luray Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Grocery

11. Industry or business _____

12. Name Benjamin Sedwick Carder

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brand

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall L. Carder

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt More Cem

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Apr 19, 1946 (b) _____
(Date received) (local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 5 minute 5 M.

21. I hereby certify that I attended the deceased from Mar 5 -
1946 to Mar Apr 12 - 1946
that I last saw him alive on Apr 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerotic nephritis with aneurysm
Due to Carcinoma of head of pancreas
Due to _____

Other conditions Cholelithiasis & cholecystitis ?
(Include pregnancy within 5 months of death)

Major findings: Of operations Cholelithiasis & cholecystitis
Of autopsy _____
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 Paul Jorgensen (M. D. or other) _____
Address St Joseph, Mo Date signed 4-10-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11-125

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(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1949

11-22-49

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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.....

Robert L. Gaylor

Licensed Embalmer No. 3308

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.