S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 29629

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 997

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: 2717 Faraon St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
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. 2717 Faraon St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country *

3. (a) PRINT FULL NAME Vincent E. Ready

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 Married

6. (b) Name of husband or wife Estelle M. Ready

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 14 (Day) 1885 (Year)

8. AGE: Years 61 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Superintendent of Mails

11. Industry or business U. S. Postoffice

FATHER
12. Name Austin Ready
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Sinnott
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Estelle M. Ready

(b) Address 2717 Faraon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden

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

19. (a) Sept. 3, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1946 hour 12 minute 45 A.M.

21. I hereby certify that I ~~attended~~ Viewed the deceased from Sept. 1, 1946 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterial Embolus of the Heart	
Due to Adventitious tissue	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

99

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. W. Tullock Coroner (M.D. or other)

Address King Hill Bldg St. Joseph, Mo. Date signed 9/16/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1949

MAR 26 1947

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 Elmer Thomas

Licensed Embalmer No. 2640

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.