

S. No. 2
DM-5-43
v. 5-17-39
X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39632**
Registrar's No. **1410**

FILED DEC 30 1946

Registration District No. **42** Primary Registration District No. **1000**

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:
1401 Jules St. Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 Months**
(Specify whether
 In this community **24 Years**
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") 1-7
 (d) Street No. **1401 Jules St.**
(If rural, give location) 6
 (e) Citizen of foreign country? **No.** (Yes or No) 6
 If yes, name country *****

3. (a) PRINT FULL NAME **Harry G. Barber**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **493-18-5179**

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month **December** day **14**
 year **1946** hour **6** minute **15 P.M.**
 21. I hereby certify that I attended the deceased from
Dec 14th, 19**46** to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **None**
 6. (c) Age of husband or wife if alive ***** years
 7. Birth date of deceased **February 7 1867**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** Duration
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **A4A**
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
79 10 7 hr. min.

9. Birthplace **Monroe City Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Clerk Retired**

11. Industry or business **Woodland**

12. Name **Unknown**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records at Knoski Nursing Home**

(b) Address **1401 Jules St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 21, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Herman J. Jenkins**
 (b) Address **1802 Union St., St. Joseph, Mo.**

19. (a) **12-23-46** (b) **E. L. Jenkins**
(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? **3** (Specify type of place) (e) Means of injury _____

23. Signature **E. W. Tadlock** **Coroner**
(M. D. or other)
KING HILBLDG
 Address **St. Joseph, Mo.** Date signed **12/16/46**

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

MOTHER FATHER

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.