

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4086

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 222

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

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:
Mc Kernan Nursing Home 1313 No. 10th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month-7 days
(Specify whether years, months or days)

In this community Many years 4
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Wakem

3. (b) If veteran, name war none

3. (c) Social Security not stated

4. Sex Male 0 5. Color or race White 0

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 About 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 62	?	? hr. min.

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

10. Usual occupation Not employed

11. Industry or business

MOTHER FATHER { 12. Name Unkn.wn

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 St. Joseph Welfare Board

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb. 12, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Charles Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 2-17-47 (Date received local registrar)

(b) W. C. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

Street No. Rt. 2
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1947 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from January 29 1947 to February 10 1947,
that I last saw h. im alive on February 10 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac Decompensation

Duration
3 wks.

Due to.....

Due to.....

Other conditions Thrombosis of tibia vein
(Include pregnancy within 3 months of death)

3 days

Major findings:
Of operations 95C

Of autopsy.....

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?

While at work? ✓ (Specify type of place)

(e) Means of injury 0

23. Signature Charles H. Weymer (M. D. or other)

Address 231 Kirkpatrick Blvd. St. Joseph, Mo.

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 *Eugene Clark*.....

Licensed Embalmer No. *4738*.....

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.