

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED SEP 8 1947

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1064

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: 613 No. 9th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether 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. 613 So. 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE A. NATHMAN

3. (b) If veteran, name war No
3. (c) Social Security No. 496-07-1870

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Nellie Nathman
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased January 4, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ 62	7	27	hr.min.

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

10. Usual occupation Janitor

11. Industry or business Western Tablet & Sta. Co

12. Name John Nathman
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna Richard
15. Birthplace Unknown Missouri 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susan Shapley
(b) Address Conception, Mo.

17. (a) Removal
(b) Date thereof 8/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Conception, Mo.

18. (a) Signature of funeral director Neaton-Burman
(b) Address St. Joseph, Mo.

19. (a) 9-5-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8, day Aug, year 47, hour 7, minute 45 a.m.
21. I hereby certify that I attended the deceased from June 21, 1947 to Aug 31, 1947
that I last saw him alive on Aug 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Myocardial infarction
Decompensated heart
Hypertension
Other conditions: (include pregnancies within 8 months of death)

Major findings: Of operations: A50
Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

23. Signature: E. B. Jenkins
Address: 224 Logan Bldg
Date signed: 8/31/47

WRITE PLAINLY—USING 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 Francis J. Weyland Jr. Registered Apprentice No. 444
working under my personal supervision.

Signed: Frank A. Bowma
Licensed Embalmer No. 1710
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.