

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED JAN 5 1948

1000

Registrar's No. **1534**

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buch
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1120 Melix St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 18 yrs
(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. 1120 Melix St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALMON - E - EVERETT

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Matte 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 19 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Three Rivers, Mich 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____
12. Name Jacob Everett
13. Birthplace Mich Penn 1
(City, town, or county) (State or foreign country)
14. Maiden name Ann Overfield
15. Birthplace Mich 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carter
(b) Address St. Joseph

17. (a) Burial (b) Date thereof Dec 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director St. Joseph
(b) Address St. Joseph

19. (a) Jan 2 1948 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1947 hour 7 AM minute _____ M.

21. I hereby certify that I attended the deceased from November 7 1947 to December 19 1947
that I last saw him alive on December 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Arteriosclerosis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: CF
Of operations _____
Of autopsy _____

Duration 6 mos.
10 yrs.
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) _____
(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 E. H. Werner (M. D. or other) _____
Address 221 Kirkpatrick Bldg Date signed 12-26-47

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.....

Charles M. Harman..... Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

John Roy Stoney
.....
Licensed Embalmer No. *24357*

P. O. Address..... *St Joseph*

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.