

FILED JUN 21 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 653

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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community 8 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. 1117 North 2nd, Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter B. Veale

3. (b) If veteran, name war No

3. (c) Social Security No. 486-24-7533

4. Sex Male 5. Color or race White 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 December 24, 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 5 13 hr. min.

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

10. Usual occupation General Mechanic

11. Industry or business Davis Firestone Store

12. Name Samuel T. Veale

13. Birthplace Union Star, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Florence Salter

15. Birthplace Clay Center, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Veale
(b) Address 1117 No. 2nd, St. Joseph, Mo.

17. (a) removal (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Taney Funeral Home
(b) Address St. Joseph, Missouri

19. (a) 6-14-48 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 viewed 9 minutes PM

21. I hereby certify that I attended the deceased from June 8th 1948 to June 8th 1948

that I last saw him alive on June 8th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when the Auto in which he was riding overturned

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy:.....

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

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

(b) Date of occurrence June 7th 1948

(c) Where did injury occur: Rural Buchanan County
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work? No (e) Means of injury Auto

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

Address KING HILL Bldg Date signed 6/8/48
St. Joseph, Mo.

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

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

1700-1128

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 Charles M. Harman

Licensed Embalmer No. 4487

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.