

FILED OCT 25 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1094

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

1. PLACE OF DEATH:
 Buchanan
 (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:
 324 1/2 So. 4th St. City /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 Lifetime (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Buchanan
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 324 1/2 So. 4th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME HARRY H. THERMAN
 3. (b) If veteran name war. None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October 17,
 year 1948 viewed 10 :20 A.M.
 21. I hereby certify that I attended the deceased from
 Oct 17th 1948 to..... 19.....

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Margaret
 6. (c) Age of husband or wife if alive years 10, 1861
 7. Birth date of deceased: July 10, 1861
 (Month) (Day) (Year)

that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis
 Duration

8. AGE: Years 87 Months 3 Days 7
 If less than one day hr. min.

Due to.....
 Due to.....

9. Birthplace Bransville Nebraska /
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations

10. Usual occupation Retired Hose Dealer
 11. Industry or business None

Of autopsy.....
 PHYSICIAN

12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Earl Parsons (niece)
 (b) Address 2718 E. 22nd St., Austin, Tex

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

17. (a) Burial (b) Date thereof 10/20/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mora Cemetery

(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

18. (a) Signature of funeral director John C. Rupp
 (b) Address 6024 Pfor Ave, City

23. Signature B. W. Tadlock (M. D. coroner)
 Address KING HILL BLDG. Date signed 10/14/48

19. (a) 10-21-48 (b) E. L. Jenkins
 (Date received local registrar) (Registrar's signature)

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.....

John E. Rupp
.....
Licensed Embalmer No. *3986*
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.