

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40933**

FILED JAN 10 1949
Registration District No. **257**

Primary Registration District No. **4371**

Registrar's No. **309**

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

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Amo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **65 years** (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **John Mark St George**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** (M) (F) (O) 5. Color or race **W** (W) (C) (O)

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Not married**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar 22, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 8 26 hr. min.

9. Birthplace **Michigan City Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Farming**

MOTHER FATHER

12. Name **Oliver St George**

13. Birthplace **Massachusetts**
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Baker**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Smith**

(b) Address **Burlington Jct mo**

17. (a) **Burial** (b) Date thereof **12/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Posson Walk Cemetery**

18. (a) Signature of funeral director _____

(b) Address **Burlington Jct Mo**

19. (a) **12-31-48** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Nodaway**

(c) City or town **Amo**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17th**
year **1948** hour **unknown** M.

21. I hereby certify that I attended the deceased from **not**
attended 19____ to 19____

that I last saw him alive on **not seen** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure found dead in his home**

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings: Of operations **no operation**

Of autopsy **no autopsy**

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **L.E. Dean - Coroner** (M. D. or other) **MD**
Address **Maryville mo** Date signed **12-24-48**

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.....

Licensed Embalmer No. 296 F

P. O. Address. Burl. J. M.

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.