

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4846

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City 11		c. LENGTH OF STAY (In this place) 28 hrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rt #2 Halden Mo 51					
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp				d. STREET ADDRESS (If rural, give location) Route #2 X					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) BEHN			4. DATE OF DEATH (Month) (Day) (Year) 11-11-49						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Jan 28 1901			
9. AGE (In years last birthday) 48		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) Madala Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SAME		13a. FATHER'S NAME Frank Behn		13b. MOTHER'S MAIDEN NAME Phoebe Schmatky			
13c. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Behn Halden, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt Heart Failure Pulmonary Em ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deformity of Chest + cor pulmonale DUE TO (c) Marked Scoliosis due to deformity.				INTERVAL BETWEEN ONSET AND DEATH 5 2/3 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION and Serratus Anterior Muscles Rt				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred _____, from the causes and on the date stated above.									
23a. SIGNATURE Russell W. Kerr (Degree or title)				23b. ADDRESS St Josephs Hospital		23c. DATE SIGNED 11 Nov 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-15-49		24c. NAME OF CEMETERY OR CREMATOR Y Magnolia Iowa		24d. LOCATION (City, town, or county) (State) Magnolia Iowa			
DATE REC'D BY LOCAL REG. 11-15-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canadian & Ross Halden Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

*latissimus dorsi*  
*serratus*

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Louis Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.