

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 171

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>                                   |  |
| c. LENGTH OF STAY (in this place) <u>35 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>2540 S. 13th Street</u> <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2540 S. 13th Street</u>                             |  |  |  |

|  |                         |                           |                           |   |
|--|-------------------------|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Albert</u> | c. (Last) <u>McDermid</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>February 9, 1950</u> |
|--|-------------------------|---------------------------|---------------------------|---|

|                       |                                  |  |   |   |                           |                          |                            |                          |
|-----------------------|----------------------------------|--|---|---|---------------------------|--------------------------|----------------------------|--------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>October 29, 1882</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 100 HRS.<br>Hours | IF UNDER 10 HRS.<br>Min. |
|-----------------------|----------------------------------|--|---|---|---------------------------|--------------------------|----------------------------|--------------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Stationary Engineer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>St. Joseph School Bd.</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Meriden, Kansas.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|---|---|--|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>Carvin McDermid</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Welch</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Hattie Mae McDermid</u> |
|--|---|---|

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> ***** | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Hattie M. McDermid</u> | ADDRESS<br><u>St. Joseph, Mo.</u> |
|---|--|---|-----------------------------------|

|   |   |             |                                  |
|---|---|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Heart failure</u>  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Rectal cancer</u> |             |                                  |
|   | DUE TO (c)  |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <u>154X</u> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input 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) | 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 2-1-, 1950 to 2-9-, 1950, that I last saw the deceased alive on 2-9-, 1950, and that death occurred at 11:50A m., from the causes and on the date stated above.

|                                      |                                |  |                                    |
|--------------------------------------|--------------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><u>E. Haridler</u> | (Degree or title)<br><u>MD</u> | 23b. ADDRESS<br><u>111 Physician &amp; Surgeons, St. Joseph, Mo.</u> | 23c. DATE SIGNED<br><u>2-10-50</u> |
|--------------------------------------|--------------------------------|--|------------------------------------|

|  |                                    |  |   |
|--|------------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Febr. 11, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olivet Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Missouri.</u> |
|--|------------------------------------|--|---|

|  |   |     |   |  |
|--|---|-----|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Feb. 16, 1950</u> | REGISTRAR'S SIGNATURE<br><u>L. S. Jenkins</u> | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Walter Meierhoff</u> | ADDRESS<br><u>1046 Colhoun St. St. Joseph, Mo.</u> |
|--|---|-----|---|--|

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

**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

*Raymond W. Horehead*

Licensed Embalmer No. 4413 Missouri.

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.