

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3987

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 210
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1530 Savannah, Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1530 Savannah, Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) McClure		b. (Middle) —		c. (Last) m VanNatta
4. DATE OF DEATH February 16, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6, 1878	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Louse VanNatta		13b. MOTHER'S MAIDEN NAME Margaret Smith		14. NAME OF HUSBAND OR WIFE Myrtle VanNatta
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle VanNatta—St. Joseph, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 2-years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Pulmonary Tuberculosis (Supplementary report)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) 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 12/13/48, 19 7/11/49, 19__, that I last saw the deceased alive on 8-4-1949, 19__, and that death occurred at 11:00p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)		23b. ADDRESS Schneider Bldg St. Joseph, Mo.		23c. DATE SIGNED 2/21/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri				
DATE REC'D BY LOCAL REG. Feb. 27, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home—St. Joseph, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed..... *Charles M. Ahern*

Signed.....  
Student Embalmer

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.