

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21382

Do not use this space.

1. PLACE OF DEATH

(a) County Ruchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 640
(c) City St. Joseph (d) Street No. 2533 Francis St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie W. Schenecker 526

(a) Residence, No. 2533 Francis St., St. Joseph St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles J. Schenecker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
70 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER 13. NAME John P. Fink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Caroline Gerner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Karlsruhe Germany

17. INFORMANT Mrs. Ada Harold
(ADDRESS) St. Joseph, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 20, 193819. FUNERAL DIRECTOR Walter Weierhoffer
(ADDRESS) 1302 Feraon St., St. Joseph20. FILED 6/20 1938 H. J. Little
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 193822. I HEREBY CERTIFY, That I attended deceased from 5.17, 1938, to June 18th, 1938.I last saw her alive on June 18th, 1938. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

Influenza Broncho-Pneumonia Date of onset 6.1.38

Other contributory causes of importance: 1076

Paralysis agitans Jan. 1928

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) Stacy M. Trummer, M. D.
(Address) Phys. & Sur., Eld.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Wilbur A. Kelly

Licensed Embalmer No. Mo. 3946

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.)