

JAN 31 1940

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

42776
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 1250
 (c) City St Joseph 1 (d) Street No. 2003 Malberry 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

(a) Residence, No. 620 Anna Craig Industrial City St. Industrial City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R.S. Craig
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th. 1859
 7. AGE YEARS 80 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland (UNKNOW N)

FATHER 13. NAME JACOB WEISS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Augustina Schenk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (NAME) Mrs. Elizabeth Ozenberger
 (ADDRESS) 2003 Malberry St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 12-4-39

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1946 Calhoun St Joseph Mo

20. FILED Dec 4 1939 H. J. Nestelbush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 1939

22. I HEREBY CERTIFY That I attended deceased from 11-27, 1889, to DEC 2, 1939
 I last saw her alive on 12-2- 1939. Death is said to have occurred on the date stated above, at 1230 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 "apoplexy"
 Other contributory causes of importance: g. 20
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? no

23. 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 Drill M. Grow (Signed) _____, M.D.
 (Address) 222 Logan Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Ch Swan

Licensed Embalmer No. 4082

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, above space should be left blank.