

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

1. PLACE OF DEATH: Buchanan

(a) County St. Joseph

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lusa Streckenfinger 362

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John D. Streckenfinger

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 9, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 1 20 hr. min.

9. Birthplace Meriden Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Boydston

13. Birthplace Meriden Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Brown

15. Birthplace Meriden Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ward Thompson

(b) Address 5606 South 3rd St.

17. (a) Burial (b) Date thereof April 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meriden, Kansas

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill A.e. 85

19. (a) April 3, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

St. Joseph

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 421 E. Hyde Park Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29, 1940
year 4 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 3/26, 1940 to 2/29, 1940
that I last saw her alive on 3/29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

Due to 121

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or number) _____
Address [Address] Date signed 4-1-40

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, xxx, March 29, 1940
....., Registered Apprentice No.
working under my personal supervision.

Signed

Earl A. Clark

3476

Licensed Embalmer No.

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, above space should be left blank.