

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1827 Howard 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011

(c) City or town St Joseph, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1827 Howard. 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ?

3. (a) PRINT FULL NAME Viola B. Wachtel

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th. day March.
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 4
1941 to March 1, 1942
that I last saw her alive on March 1, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife John A. Wachtel 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 26 1876
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarct. Duration ?

Due to defective mitral valve ?

Due to ? ?

Other conditions Enlargement of heart ?
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Of operations no 92b

Of autopsy no 92b

PHYSICIAN ?
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name Paul T. Roberts

13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MARION A. Fritzman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. E. E. Harrington

(b) Address 1827 Howard.

17. (a) Burial (b) Date thereof March 13. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Harold W. ...

(b) Address 1802 Union St. St Joseph, Mo.

19. (a) 3-12-42 (b) H. J. ...
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Frank ... (M. D. or other) MD

Address 620 ... signed 3/14/42

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

011
1
7

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.....

Alexis E. Hodges

Licensed Embalmer No..... 2729

P. O. Address..... 1802 Union St.

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.