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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 5 1943

Registration District No. 42

Primary Registration District No. 5534

Registrar's No. 780

1. PLACE OF DEATH:

(a) County Buchanan.

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

(c) Name of hospital or institution:
R.F.D.#1, St. Joseph Mo.
(If not in hospital or institution, write street number or location)

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

In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan

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

(d) Street No. R.F.D.#1 St. Joseph Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Soldner.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July. day 9th
year 1943 hour 10: minute 15 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife G.Wm. Soldner.

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

7. Birth date of deceased: April 11 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-43 to 7-9-43, 1943
that I last saw et alive on 7-1-43, 1943
and that death occurred on the date and hour stated above.

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

75	2	28	hr. <u>3</u> min.
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Immediate cause of death Coronary Rubeorhage sudden

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Due to arteriosclerosis + hypertension

10. Usual occupation Housework.

Due to _____

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

11. Industry or business At Home.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name James Clifford.

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

14. Maiden name Bridget Murphy

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

16. (a) Informant W.T. Soldner.

(b) Address R.F.D.1 St. Joseph Mo.

17. (a) Burial (b) Date thereof July 12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Herman M. Sidenfaden

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

19. (a) 7-12-43 (b) Rose Herzog
(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 R. Bauman (M. D. or other) _____

Address 670. Francis St Date signed 7/11/43

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

1100

1.2.5.8

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Herman W. Sideladeu

Licensed Embalmer No. 2728

P. O. Address 1802 Union St. 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, fact should be so stated above.