

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1085**

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: **St Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)  
 In this community **1 day**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan**  
 (c) City or town **Wathena**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph Peter Studer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Barbara Studer** 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **August 18, 1871**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **11** If less than one day  
hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **General Farming**

12. Name **Beat Studer**

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

14. Maiden name **Elizabeth Studer**

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

16. (a) Informant **Barbara Studer**  
 (b) Address **Wathena, Kansas**

17. (a) **Removal** (b) Date thereof **10-29-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wathena, Kansas**

18. (a) Signature of funeral director **Walter Meiserhoffer**

(b) Address **Wathena, Kansas**

19. (a) **10/29/44** (b) **Allen J. Beckle**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29**  
 year **1944** hour **11** minute **15 AM**

21. I hereby certify that I attended the deceased from **Oct. 27** 19**44** to **Oct 28** 19**44**  
 that I last saw him alive on **Oct. 28** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**  
**bronchial pneumonia**  
**fractured rt femur**

Due to \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
 PHYSICIAN  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Geo W Benish** (M. D. or other) \_\_\_\_\_

Address **Wathena, Kansas** Date signed **10-30-44**

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

1901  
TYPE  
NO. 1

**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..... *H. L. Adams* .....

Licensed Embalmer No. *3026* .....

P. O. Address. *Wathena, Kans* .....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 42

Primary Registration District No. 1008

Registrar's No. \_\_\_\_\_

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:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Joseph P. Studer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Aug 18 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days \_\_\_\_\_ (less than one day) min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Douglas  
(c) City or town Wathena  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 29  
Year 1944 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Branchial pneumonia

Due to Fractured rt. femur

Due to \_\_\_\_\_

Other conditions 186a-5  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION

PHYSICIAN \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Accidental fall.

(b) Date of occurrence 10-26-44

(c) Where did injury occur? Wathena, Douglas, Kans.  
(City or town) (County) (State)

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

While at work? no (Specify type of place)  
(e) Means of injury crossing

23. Signature J. W. Benitz (M. D. or other)

Address Wathena, Kans. Date signed 11-12-44

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

SUPPLEMENTAL

33768