S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16407

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 565

**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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. Rural Route # 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Freda Rose

3. (b) If veteran, name war None

3. (c) Social Security No. 521-30-9034

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edwin

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

7. Birth date of deceased September (Month) 32 (Day) 1898 ~~1897~~ (Year)

8. AGE: Years 46 ~~45~~ Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Nurse

11. Industry or business None

FATHER

12. Name Christian Wenger

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

MOTHER

14. Maiden name Kate Egli

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

16. (a) Informant Frederick Wenger

(b) Address R. R. # 1 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 22, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. Schuyladen

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

19. (a) May, 21, 1945 (Date received local registrar) (b) Helen S. Tuckle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 19 year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4/25, 1945 to 5 19, 1945 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis over 30 days

Due to Carcinoma Cervix 5 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinomatosis

480

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clifton Smith (M. D. or other) MD

Address 218 N 7th St Joseph Date signed 5/21/45

1377

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

## 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 Keith Collier

Licensed Embalmer No. 3632

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, fact should be so stated above.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No.
Local Registrar's No. 565

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of June, 1945 before me appears Frederick Wenger, who, upon his oath, states that the original record of ~~birth~~ death for Freda E. Rose, ~~born~~ died May 19, 1945, in the State of Missouri, and which was filed at St. Joseph, Mo. May 21, 1945, should be corrected as follows:

Item No. 7 should read Sept. 22, 1898
Instead of Sept. 22, 1897

Item No. 8 should read 46 yrs. 7 mo. 27 days
Instead of 45 yrs. 7 mo. 27 days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frederick Wenger Brother
Relationship.

Route 1 St. Joseph Mo
Present Address.

Subscribed and sworn to before me this 15th day of June, 1945

My Commission expires May 31, 1948

Helen I. Pickle Notary Public.

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36667

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