

FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 4715

Registrar's No. 144

Registration District No. 42

Primary Registration District No. 5133

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 miles So. of San Antonio /
(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 Rural Marion 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles So. of San Antonio 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Effie C. Wagenblast

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Jacob Wagenblast 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept. 9 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {
12. Name Thomas L. Donaldson
13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Abiser
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Wagenblast
(b) Address R. R. Easton, Mo.

17. (a) burial (b) Date thereof 2/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blakley Cemetery

18. (a) Signature of funeral director Blakley & Burnard
(b) Address St. Joseph, Mo.

19. (a) Feb 6 1946 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 2
year 1946 hour 12 minute 25 P M.

21. I hereby certify that I attended the deceased from Feb. 2 19.46 to Feb. 2 19.46
that I last saw her alive on Feb. 2 19.46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio sclerosis
Duration 1 day
thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 D. O. R. Vandenberg (M. D. or other) DO 2
Address Stewartsville, Mo. Date signed 2/2/46

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

3739

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

Frank A. Brown

Licensed Embalmer No.

1710

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.