

S. No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36130

State File No. _____
1260
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

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:
MERCY Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Eastern
(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 JUDY LYNN WUERFEL
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 9
year 1946 hour 9 minute 20 P M.
21. I hereby certify that I attended the deceased from Nov. 6, 1946, to Nov 9, 1946;
that I last saw her alive on Nov 9, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 1 1946
(Month) (Day) (Year)

STARVATION
Due to failure to nurse + to assimilate food
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
0 0 3 hr. _____ min.

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

10. Usual occupation unlabeled

11. Industry or business _____

12. Name Kenneth Wuerfela
13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Deming
15. Birthplace DeKalb Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Wuerfela
(b) Address Eastern Mo.

17. (a) Burial (b) Date thereof Nov 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation freeman Chapel
18. (a) Signature of funeral director J. H. Boyd
(b) Address Stewartville Mo.

19. (a) Nov. 12, 1946 (b) J. J. McLaughlin
(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)
(c) Means of injury D
23. Signature W. O. R. ... (M. D. or other) MD
Address Stewartville, Mo. Date signed 11-10-46

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

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

MOTHER FATHER

54

(Licensed Embalmer's Statement on Reverse Side)

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.....

E. G. Taylor

Licensed Embalmer No. *952*

P. O. Address *Stewartville, 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.