

FILED FEB 17 1947

Primary Registration District No. **1000**

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

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:
3001 South 29th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **1 year**
years, months or days)

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 MAUDE CATHERINE WIDMAN

3. (b) If veteran, name war **No** 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 **Carl R. Widman** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **Feb. 16, 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 59 11 25 .hr. .min.

9. Birthplace **Salem, Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **J. J. Weller**
 13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Marah Kenner**
 15. Birthplace **Rose Dale, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl R. Widman**

(b) Address **3001 So. 29th St., City**

17. (a) **Removal** (b) Date thereof **2-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson Co., Kansas**

18. (a) Signature of funeral director **Shedee L. Mercer**
 (b) Address **Holton, Kansas**

19. (a) **Feb 11, 1947** (b) **C. S. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **11TH**
 year **1947** hour **7** minute **05 A. M.**

21. I hereby certify that I attended the deceased from **FEB. 8**, 1947, to **FEB. 11th**, 1947;
 that I last saw **h.R.** alive on **FEB. 9**, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** **2 wks.**
 Due to **Chronic Myocarditis** **2 yrs.**
 Due to **Mitral + Aortic valves Regurgitation**
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **none**
 Of operations **none** **92B**
 Of autopsy **none**

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 **2**

23. Signature **H. R. Biedenstine** (M. D. or other) **MD**
 Address **823 Farrow St.** Date signed **2-11-47**

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 me

Shendell L. Mercer, Registered Apprentice No. _____
working under my personal supervision.

Signed Shendell L. Mercer

Licensed Embalmer No. 1610

P. O. Address Holtan, 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.