No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37080

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1405

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 609 Hamburg (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 609 Hamburg (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Grace A. Aberle
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 Ralph Aberle
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May (Month) 18 (Day) 1896 (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	6	10	..... hr. ..... min.

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name unknown Lehman
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name Caroline Schuman
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Ralph Aberle
(b) Address 609 Hamburg
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem.
18. (a) Signature of funeral director Heaton - Bowman
(b) Address St. Joseph, Mo.
19. (a) 12-2-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1947 hour 10 minute 10 P M.
21. I hereby certify that I attended the deceased from 11-28 1947, to 11-28 1947 that I last saw her alive on 11-28-47 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	Stat
Due to: Coronary heart disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94.8

PHYSICIAN — Underline the cause of 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 U
23. Signature M. E. Grimes (M. D. or other)
Address St. Joseph, Mo. Date signed 12-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 16 19

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th 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.