

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **3431**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 DAYS** (Specify whether)

In this community **6 DAYS**
years, months or days)

3. (a) PRINT FULL NAME **EDNA BIEHLER**

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 **WIDOWED**

6. (b) Name of husband or wife **J.A. BIEHLER**

6. (c) Age of husband or wife if alive **6** years **1896** (Year)

7. Birth date of deceased: **MARCH 6 1896**
(Month) (Day) (Year)

8. AGE: Years **52** Months **5** Days **17**
If less than one day hr. min.

9. Birthplace: **PLAQUEMINE LOUISIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **LOUIS J. AVET**

13. Birthplace **PLAQUEMINE LOUISIANA**
(City, town, or county) (State or foreign country)

14. Maiden name **ELISKA CAPDIEVILLE**

15. Birthplace **PLAQUEMINE LOUISIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. JOHN C. PAYNE**

(b) Address **210 NORTH ELMWOOD**

17. (a) **REMOVAL** (b) Date thereof **8-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ORLEANS, LOUISIANA**

18. (a) Signature of funeral director **J.F. [Signature]**

(b) Address **3256 [Address]**

19. (a) **8-23-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **LOUISIANA** (b) County **999**

(c) City or town **NEW ORLEANS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1846 ANNUNCIATION STREET**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **2**

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **23**
year **1948** hour **5** minute **24 A.M.**

21. I hereby certify that I attended the deceased from **Aug 15** to **Aug 23**
that I last saw her alive on **Aug 23** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carbosis of Liver**
Due to **not known**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **1248**
Of operations

Of autopsy **yes - as above**

22. If death was due to external causes, fill in the following: **no**

(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? Means of injury

Signature **[Signature]** (M. D. or other)

Address **3626 Independence** Date signed **8-23-48**

Duration **6 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR

6 1951

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.....

Park G. Rowe

Licensed Embalmer No. *2347*

P. O. Address *N. C. 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.