

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32115**

FILED NOV 1 1948
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1139**

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:
210 W. Texas /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **three weeks**
(Specify whether)

In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** /

(c) City or town **St. Joseph (Rural)** /
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. # 5** /
(If rural, give location)

(e) Citizen of foreign country? **None** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **CLARA LOUISE VENDELBOE**

3. (b) If veteran name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **October** day **17**,
year **1948** hour **7** minute **:35 A.M.**

21. I hereby certify that I attended the deceased from **October**
1, 1948, to **October 17**, 1948,
that I last saw her alive on **October 6**, 1948,
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color of race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Chris** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **May 16**, **1872**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Degeneration** Duration **Ukn**

Due to **Arteriosclerosis** **Ukn**
Other Conditions: Malnutrition **Ukn**

~~Other Conditions:~~
Senile psychosis **Ukn**

Other conditions **Fracture Head of Left Femur** **38 das**
(Include pregnancy within 3 months of death)

8. AGE: Years **76** Months **5** Days **1** If less than one day
hr. min.

9. Birthplace **St. Joseph, Missouri** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

Major findings:
Of operations _____

Of autopsy **none** /

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

MOTHER FATHER { 12. Name **Philip Reubel**

13. Birthplace **Unknown Unknown** /
(City, town, or county) (State or foreign country)

14. Maiden name **Christine Florine**

15. Birthplace **Unknown Unknown** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Wolfe (dau)** /

(b) Address **808 Mason Ave., City**

17. (a) **Burial** (b) Date thereof **10/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **John C. [Signature]**

(b) Address **6054 Pryor Ave., City**

19. (a) **10-28-48** (b) **h. b. Jenkins**
(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) **Accident** **131**

(b) Date of occurrence **September 19, 1948**

(c) Where did injury occur? **St. Joseph, Buch. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her yard at home
While at work? **--** (Specify type of place) (e) Means of injury **fall** /

23. Signature **Allen Spierman** (M. D. or other) **MD**
Address **1302 7th** Date signed **10-19-48**

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.....

John E. Rupp

Licensed Embalmer No. *3986*

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.