

FILED OCT 18 1948

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1077

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:  
1112 S. 16th Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution not  
(Specify whether years, months or days)  
 In this community 42 years.

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. 1112 S. 16th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Screnia Artie Windish  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 11th  
 year 1948 hour 12 minute 10 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Guardie A. Windish  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased December 10 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1946 to Oct 11, 1948  
 that I last saw her alive on Oct 9, 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 10 Days 1  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Generalized carcinoma of stomach  
 Due to Cancer of stomach

9. Birthplace Magazine Arkansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Due to Starvation  
 Other conditions Ascites  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name E. German  
 13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Tobiasa Ashlock  
 15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

Major findings: as above - Exploratory in May 1946  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Guardie A. Windish  
 (b) Address 1112 S. 16th St., St. Joseph, Mo.  
 17. (a) Burial (b) Date thereof Oct. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery  
 18. (a) Signature of funeral director Walter Meierhoffer  
 (b) Address 1946 Colhoun St., St. Joseph, Mo.  
 19. (a) 10-14-48 (b) E. B. Pinkine  
(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  
 23. Signature E. J. Grant (M. D. or other) \_\_\_\_\_  
 Address St. Joseph, Mo Date signed 10-11-48

