S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35724

State File No.

FILED DEC 6 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1272

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: 614 Lincoln, Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

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

(d) Street No. 614 Lincoln, St. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Caroline Schnippel

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 Otto

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January (Month) 13, (Day) 1875 (Year)

8. AGE: Years 73 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business ——

FATHER
12. Name John Mayer 4
13. Birthplace unk (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Caroline Emuleth
15. Birthplace unk (City, town, or county) unk (State or foreign country) 4

16. (a) Informant Mr. Otto Schnippel
(b) Address 614 Lincoln-St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland ~~Stamey Funeral Home~~

18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Missouri

19. (a) 12-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 4 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1948 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8/26/48, 19..., to 11/19, 1948
that I last saw her alive on 11-19-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sigmoid Colon	1 year
Due to	
Due to Abdominal Metastasis of Carcinoma	6 mos
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Sigmoid colon with
Of autopsy Obstructed bowel

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

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? none (Specify type of place)
While at work? —— (e) Means of injury ——

23. Signature [illegible] (M. D. or other)
Address 802 Edmond St. Joseph Mo Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett, Registered Apprentice No. 28 X, working under my personal supervision.

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.