

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 344

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt.		d. STREET ADDRESS (If rural, give location) Route 6	

3. NAME OF DECEASED (Type or Print) a. (First) Jeniffer b. (Middle) Lynn c. (Last) Teachner			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Jan. 5, 1949		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 0 MONTHS 0 DAYS 0	
IF UNDER 24 HRS. 10 HOURS 30 MIN.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Clyde Russel Teachner		13b. MOTHER'S MAIDEN NAME Rufena Judy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde R. Teachner R. R. 6 St. Joe. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
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19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 5, 1949**, to **Jan. 5, 1949**, that I last saw the deceased alive on **Jan. 5, 1949**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Physicians & Surgeons Bldg.		23c. DATE SIGNED 1/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 6, 1948		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem.	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			

DATE REC'D BY LOCAL REG. 1-14-49		REGISTRAR'S SIGNATURE K. G. Jenkins		382	
		SIGNATURE OF EMBALMER Earl A. Clark		20 Illinois Ave. St. Joseph, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Bill James Cheney

Student Embalmer No. *294*

working under my personal supervision.

Signed *Bill James Cheney*.....
Student Embalmer

Signed *Erica Clark*

Licensed Embalmer No. *1239*

P. O. Address *W. York Pa.*

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.