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FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22593

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 837

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rose Leon Rest Home 624 Prospect Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 624 Prospect Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Mary ~~Constance~~ CHRISTINE
b. (Middle) Frankenhoff
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 7-27-49

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 5-29-1870
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Wolters
13b. MOTHER'S MAIDEN NAME: ~~unknown~~ Jochems
14. NAME OF HUSBAND OR WIFE: Anthony G.

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.: no
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ferd Frankenhoff, St. Joseph, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Heart Failure	24 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	?
DUE TO (c)	Arteriosclerosis General Senility	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		1200

19a. DATE OF OPERATION: 6-2-49 N.C.
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul. 26, 1949, *to* Jul. 27, 1949, *that I last saw the deceased alive on* Jul. 26, 1949, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B Rost MD
23b. ADDRESS: St Joseph, Mo 510 Carey Bldg
23c. DATE SIGNED: 7-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-29-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Atchison, Kansas

DATE REC'D BY LOCAL REG.: Aug 3, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Barry Funeral Home, St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 - 1940

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4217

P. O. Address S. St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan }

State File No. 22593-49

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 837

On this 9th day of August, 1949, before me appears Victor Barry - Barry Funeral Home, who, upon his oath, states that the original record of ~~birth~~ death for Mary Constance Frankenhoff, died/born July 27 -, 1949, in the State of Missouri, and which was filed at St Joseph, Mo. on Aug 3, 1949, should be corrected as follows:

Item No. 3 should read Mary Christine Frankenhoff

Instead of Mary Constance Frankenhoff

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victor J. Barry UNDERTAKER
Relationship.

224 So 10th
Present Address.

Subscribed and sworn to before me this 9th day of August, 1949

My Commission Expires April 24, 1953

E. C. Jenkins Notary Public.

...g erasures will not be accepted; draw one line through error and write above it.

S(2)-22593

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of BUCHANAN }

State File No. 2259-3-49

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 837

On this 12th day of August, 1949 before me appears F.J.Frankenhoff, who, upon his oath, states that the original record of ~~XXXX~~ death for MARY CHRISTINE FRANKENHOFF, died ~~born~~ July 27, 1949, in the State of Missouri, and which was filed at St.Joseph,Mo. on 8-3, 1949, should be corrected as follows:

Item No. 13 B. should read ~~Mary Christine Wolters~~ (Unknown) Jochems

Instead of unknown

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant F.J.Frankenhoff Son
Relationship.

1005-6 Corby Bldg.St.Joseph,Mo.
Present Address.

Subscribed and sworn to before me this 12th day of August, 1949.

My Commission expires 3-23-51 D.L.Frankenhoff Notary Public.

...containing erasures will not be accepted; draw one line through error and write above it.

S(2)-22593