

FILED FEB 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 326

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 1117	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1508 S. 24th		d. STREET ADDRESS (If rural, give location) 1508 S. 24th	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Ida	b. (Middle) Caroline	c. (Last) Wollnick	(Month) Jan.	(Day) 24,	(Year) 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 7	8. DATE OF BIRTH Oct. 29, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 25	IF UNDER 1 HR. Hours 	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Kansas /		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Peuker		13b. MOTHER'S MAIDEN NAME Emilie Stahlbusch		14. NAME OF HUSBAND OR WIFE John Wollnick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna C. Buhrow, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 6 months
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Heart Disease Cardiac Decompensation			1 yr -

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 2001	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **7-30-49**, 19____, to **1-24-50**, 19____, that I last saw the deceased alive on **1-20-50**, 19____, and that death occurred at **8:55P/m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. C. Senne		23b. ADDRESS 217 P & S Bldg St Joseph Mo		23c. DATE SIGNED 1-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
		24d. LOCATION (City, town, or county) (State) Wathena, Kansas			

DATE REC'D BY LOCAL REG. Feb 1, 1950		REGISTRAR'S SIGNATURE L. G. Jenkins		382 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Burman Funeral St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117
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W. Spalding

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 *William Spalding*

Licensed Embalmer No. *4532*

P. O. Address *719 S. 12th 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.