

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 719

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	
c. LENGTH OF STAY (in this place) 69 years		d. STREET ADDRESS (If rural, give location) 2904 Penn street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2904 Penn street		d. STREET ADDRESS (If rural, give location) 2904 Penn street	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Christine c. (Last) Michel			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 11 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Phil., Penna.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederick J. Schwab	13b. MOTHER'S MAIDEN NAME Emilie L. Maier	14. NAME OF HUSBAND OR WIFE John A. Michel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. F. Dooley, 2904 Penn, St. Joseph, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage August 11-1944</i>		INTERVAL BETWEEN ONSET AND DEATH  33 IX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture upper 3rd Right Humerus 8/17-1944</i> DUE TO (c) <i>Due to above Cerebral Hemorrhage</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8/11, 1954 to 6/12, 1950, that I last saw the deceased alive on 6/10, 1950 and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. John J. Wessner MD	(Degree or title)	23b. ADDRESS 139 1/2 N. 8th St. St. Joseph, Mo.	23c. DATE SIGNED 6/13-50
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24a. BURIAL, CREMATION/REMOVAL (Specify) Burial	24b. DATE 6/14/50	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. June 20, 1950	REGISTRAR'S SIGNATURE E. C. Jenkins	382	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Missner*

**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.

Signed *Jameil B. Hawkins*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4536*

P. O. Address *819 S. 10<sup>th</sup> St. Joplin, 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.