No. 300
10-48

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29545

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1845

110
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington St. Joseph
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.B. & Q. Tracks & Platte R.

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): Rural Washington 0110
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE IOMA b. (Middle) c. (Last) SCHNEIDEWIND

4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-21-1892
9. AGE (In years last birthday): 58 — 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): Tecumseh, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Trueman Guiiette
13b. MOTHER'S MAIDEN NAME: Elizabeth ~~Smith~~ TOLLES
14. NAME OF HUSBAND OR WIFE: Albert Schneidewind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Elson Jones, Hamburg, Iowa

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) Crushing Injuries of head and

ANTECEDENT CAUSES — DUE TO (b) face, Abdomin and lower 1 day

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) limbs mangled Loss 6000

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* of abdominal Vissera 35

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Platt River R R bridge
21c. ~~CITY, TOWN~~, OR TOWNSHIP (COUNTY) (STATE): Washington Buchanan Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 13 - 1950 7:00 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Ran over bay a train

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on 9/13, 1950, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:00A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy MD, Coroner
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 9/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Sept. 15, 1950
REGISTRAR'S SIGNATURE: G. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Rupp
ADDRESS: St. Joseph, Mo

(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~~ .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 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.

State of Missouri
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 29545 50
Local Registrar's No.

On this 29th day of September, 1950, before me appears John E. Rupp, who, upon his oath, states that the original record of ~~birth~~ death for Jennie Ioma Schneidewind died Sept. 13, 1950, in the State of Missouri, and which was filed at Jefferen City on 9-13, 1950, should be corrected as follows:

Item No. 13 b. should read Elizabeth Tolles
Instead of Elizabeth Smith

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 John E. Rupp undertaker
Relationship.
6054 Pryor Ave., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 29th day of September, 1950

My Commission expires March 25, 1951 Julia L. Rupp Notary Public.

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

m V. S. 135
M—4-43
I X36667