FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1704
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township
(c) City St. Joseph,
Registration District No. 85
Primary Registration District No. 1001
Registered No. 37
(d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Moening,
(a) Residence, No. 552 St. Robinson, Kansas,
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Moening,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1877
7. AGE: Years 62 | Months 0 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) January 1940
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour, Indiana,

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs. John W. Moening
(ADDRESS) Robinson, Kansas,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson, Ks. DATE Jan'y 11, 1940
19. FUNERAL DIRECTOR (NAME) Nicholson-Bishop & Pearman Funeral Home
(ADDRESS) 319 S. 10th. Str.
20. FILED Jan 11 1940 H. J. Reutlebusch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11th, 1940
22. I HEREBY CERTIFY, That I attended deceased from 1/8/, 1940, to 1/11/, 1940
I last saw him alive on 1/10/, 1940 Death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	
51	

Other contributory causes of importance:
Cancer of Right Kidney

Name of operation Nephrectomy Date of 1/4/40
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Clarence Greenberg, M. D.
(Address) 85 Dr. St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, 1-11-40

, or by

Registered Apprentice No., working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 314 So 10 St Joseph

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

If this body is not embalmed, above space should be left blank.