No. 2
1-10-39
-17-59
X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14387

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 478

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

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1602 North 3rd. Street, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years,
years, months or days) 525

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits write "RURAL")
(d) Street No. 1602 North 3rd. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 90 years, years.

3. (a) PRINT FULL NAME Rosa Hindenach

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife William H. Hindenach, 6. (c) Age of husband or wife if alive / years

7. Birth date of deceased December 31, 1845 (Month) (Day) (Year)

8. AGE: Years 94 Months 3 Days 25 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Christian Krebs, 7
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown, 7
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mrs Marie Anna Feiger
(b) Address 3016 Lafayette Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery.

18. (a) Signature of funeral director Heaton - Bigale & Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) 4-27-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th. year 1940 hour 6:00 minute 15 a.M.

21. I hereby certify that I attended the deceased from Jan 1, 1936, to April 25, 1946 that I last saw her alive on April 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis	4/26/40
Due to 94B	
Due to	
Other conditions Age & Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations /	
Of autopsy /	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 (Specify type of place)
While at work? (e) Means of injury

23. Signature Leroy Bock (M. D. or other)
Address King Hill Bldg St Joseph, Mo Date signed 4/26/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No:.....

P.O. Address.....

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

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