

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14395

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 486

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1017 Corby Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Corby
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1940 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 27, 1940, to April 27, 1940, that I last saw her alive on April 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic insufficiency 1 yr.

Due to: Unknown

Due to: None

Other conditions: None

Major findings: Of operations: None

Of autopsy: None

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) No

(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: Walter Janes (M. D. or other)

Address: 280 E. Juliet Date signed: 7/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Paulina Kamler 546

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 Frank Kamler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Washington Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Frank Boehm

13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Kamenski

15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna M. Yeats

(b) Address 1017 Corby Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 1, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Schubert 1802 Union Str. St. Joseph, Mo.

(b) Address

19. (a) Apr 29 1940 (b) [Signature] (Date received local registrar) (Registrar's signature)

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 *Albert P. Harrington*

Licensed Embalmer No. 3258

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, above space should be left blank.