

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 649

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1940 hour 7 minute 45 a. M.

21. I hereby certify that I attended the deceased from
April 2, 1940 to June 12, 1940
that I last saw h. or alive on June 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic nephritis

Due to Strep Infection
14 yrs ago

Other conditions 131
Arteriosclerosis
Hypertension

Major findings:
Of operations No operations
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(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

23. Signature A. J. Heitler (M. D. or other) ✓
Address 825 Charles, St. Joseph Date signed 6/13/40

3. (a) PRINT FULL NAME Amelia Margaret Buehler 1460

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 9 1901
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Graduate Registered Nurse 7

11. Industry or business Nursing Profession

12. Name John Buehler 7

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

14. Maiden name Elise Krebs

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

16. (a) Informant A. J. Heitler

(b) Address Woodbine Rd. St. Joseph, Mo

17. (a) burial (b) Date thereof June 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Fargo St. St. Joseph, Missouri

19. (a) June 14, 1940 (b) A. J. Heitler
(Date received local registrar) (Registrar's signature)

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *A. H. Kelly*

Licensed Embalmer No. Mo. 3946

P.O. Address St. Joseph, Missouri

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.