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FILED AUG 11 1941 **85**
Registration District No. _____

Primary Registration District No. **2001**

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:
Nursing Home 709 East Highland Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)
 In this community 60 years 4

3. (a) PRINT FULL NAME Amelia Sandusky
 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 John
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased May 31 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 1 18 hr. min.

9. Birthplace Pike County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name John C. Koerner

13. Birthplace Bayden Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Keller

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

16. (a) Informant Oscar Sandusky
 (b) Address 1411 Charles St., St. Joseph, Mo.

17. (a) burial (b) Date thereof July 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoff
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) July 21 1941 (b) AG Suttelbach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **011**
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2525 South 12th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
 year 1941 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from July 14, 1941
 to July 19, 1941
 that I last saw h_er alive on July 14, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
of cerebral Paralysis 2 weeks
Basal ganglia insufficiency
 Due to _____

Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 93e
 Of autopsy _____

Duration
2 weeks
2 1/2

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?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Walter Meierhoff M.D. or other _____
 Address 221 K... St. Joseph, Mo.

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 *O. J. Jester*

Licensed Embalmer No. Mo. 4154

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, fact should be so stated above.