

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1000

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:  
824 Mt. Mora Road.  
(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) 44 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. 824 Mt. Mora Road.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Mary Kieffe

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 Married

6. (b) Name of husband or wife William Kieffe 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 12 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Luxembourg Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Nicholas Trousch

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

14. Maiden name Anna Marie Newberg

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

16. (a) Informant William Kieffe

(b) Address 824 Mt. Mora Rd. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Norman W. Deufhard

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 9-26-42 (b) Rae Hagg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th  
year 1942. hour 11 minute 40 A.

21. I hereby certify that I attended the deceased from June 15 1942 to Sept 23 1942  
that I last saw her alive on Sept 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Met. Carcinoma left lung 4<sup>th</sup> sec  
Carcinoma left breast (primary) 1939

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

Major findings:

Of operations

Of autopsy

Duration

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 \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature Frank J. Hodge (M. D. or other) D  
Address 620 Prince Date signed 9/25/42

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

MAY 18 1943

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**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 C. 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, fact should be so stated above.**