

FILED NOV 12 1942

Registration District No. 4

Primary Registration District No. 1000

Registrar's No. 843

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
2602 Penn St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether)

In this community..... 33 years.
years, months or days

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..... 2602 Penn St.
(If rural, give location)

(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Martha Mary Sonnenberg

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Female 1

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... 3 Divorced

6. (b) Name of husband or wife..... Frank John Sonnenberg

6. (c) Age of husband or wife if alive..... ? years

7. Birth date of deceased..... June 5 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>23</u> hr. min.

9. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

MOTHER FATHER

12. Name..... John Murek

13. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Blanche ?

15. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Luke Sonnenberg

(b) Address..... 2602 Penn St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof..... Oct. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Herman [Signature]

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

19. (a) 11-31-42 (b) Rose Henzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 28th
year..... 1942 hour..... 1 minute..... 30 A. M.

21. I hereby certify that I attended the deceased from..... Oct 1, 1942, to..... Oct 22, 1942,
that I last saw her alive on..... Oct 22, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma head of pancreas - 1940
(Primary)

Due to..... 46 y

Due to..... Juvenile Encephal. 1941

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

Major findings:
Of operations..... no op

Of autopsy..... none

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) Means of injury.....

23. Signature..... [Signature] (M. D. or other)

Address..... 620 [Address] Date signed..... 10/29/42

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.....

Oct 28, 42

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Joseph H. Hurley

Licensed Embalmer No. *40501*

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.