

FILED JAN 25 1943

Registration District No. 42

Primary Registration District No. (200)

Registrar's No. 37

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community 72 years 5 months 4 days
(Specify whether 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. 1010 North 3rd. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph William Schenecker

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Schenecker 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased August 6 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 4 hr. min.

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

10. Usual occupation Grocerman

11. Industry or business

MOTHER FATHER { 12. Name Joseph W. Schenecker
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Roebline
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Schenecker (wife)
(b) Address 1010, No. 3rd. St., St. Joseph, Mo.
17. (a) Burial (b) Date thereof 1-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoff
(b) Address 13th & Faron St., St. Joseph, Mo.

19. (a) 1-13-43 (b) Roe Hergog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th.
year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1942 to Jan. 10, 1943
that I last saw him alive on Jan. 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chr. Duration 6 mo.

Due to Prostatic hypertrophy 10 yrs

Due to 1316

Other conditions Arterio-sclerosis (gen) 10 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Benign hypertrophy of prostate
Of operations none
Of autopsy none
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)
(a) Means of injury 0 74 12.
23. Signature G. T. Blommer (M. D. or other) _____
Address 1218 N. 3rd St. Date signed 1/14/43

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

Bloomer

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

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.