

X32873
FILE

MAY 13 1943
Registration District No. **42**

Primary Registration District No. **1000**

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:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days Specify whether

In this community 53 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. 1018 Sycamore Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HELEN MADDEN KNAEBEL

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 Mathias Knaebel

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

7. Birth date of deceased Aug 7 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>18</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John Madden

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

14. Maiden name Nora McGinty

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

16. (a) Informant Leo E. Knaebel

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Platon Be Holl & Bauman

(b) Address St. Joseph, Mo.

19. (a) 4-27-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-13-43 1943 to Apr. 25 1943
that I last saw her alive on Apr. 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Hickman
Duration

Due to 131P

Due to

Other conditions Arteriosclerosis Hickman
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 [Signature] (M.D. or other)

Address [Signature] Date signed 4-28-43

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JUL 8 -

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..... *James A Moles*.....
Licensed Embalmer No. *3296*
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.