

SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 963

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution:
2421 Francis Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 55 years (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. 1302 North 26th. Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Martha Marie Kirschner

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife P. J. Kirschner 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 1 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>19</u>	hr. min.

9. Birthplace Muscatine Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Stengle

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

14. Maiden name Unknown

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

16. (a) Informant John J. Kirschner

(b) Address Cashland, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1943
 (Month) (Day) (Year)

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

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

19. (a) 8/21/43 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th.
 year 1943 hour 3:36 minute A. M.

21. I hereby certify that I attended the deceased from July 1 1943 to Aug 20 1943 that I last saw her alive on Aug 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Malignancy of uterus

Due to Melanosis in bowels - 3 mo

Due to

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 486
 Of operations
 Of autopsy

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 Meierhoffer (M. D. or other)
 Address Cashland, St. Joseph Date signed 8/21/43

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

MOTHER FATHER

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 E. Harrington*
Licensed Embalmer No. 3258 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.