

FILED JAN 12 1944

Registration District No. 1000

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. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community 50 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. 1026 Ridenbaugh  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME ABBIE ELDRIED WEDDLE

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Frank E. Weddle 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased March 4 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace Warnerville New York  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
 12. Name Abraham Kromer  
 13. Birthplace unknown New York  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lucine Fuller  
 15. Birthplace unknown New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Kennedy  
 (b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Bell & Bowman  
 (b) Address 319 So. 19th

19. (a) 12/28/43 (b) Paul Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
 year 1943 hour 4 minute 05 a M.

21. I hereby certify that I attended the deceased from 6-1-43  
 \_\_\_\_\_, 19\_\_\_\_, to 12-27, 1943;  
 that I last saw h. alive on 12-26, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus 4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) H&F

Major findings: 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 Wm. Jacobson (M. D. or other) \_\_\_\_\_  
 Address Kirtpatrick Bldg Date signed 12-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1203

Wayne Tomlinson

**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 Ernest Thomas

Licensed Embalmer No. 2640

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.**