V. S. No. 2
00M—2-43
V. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2144

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 106

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community:

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.: 711 North 22nd. St.,
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Jose E. Maxwell

3. (b) If veteran, name war: No

3. (c) Social Security No.:

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: William F. Maxwell

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

7. Birth date of deceased: August (Month) 29 (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: Bartholmew Wiedmaier

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

14. Maiden name: Ursula Wildberger

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

16. (a) Informant: E. Maxwell

(b) Address: 2208 Eugene Field, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1302 Faraon St., St. Joseph, Mo.

19. (a) 1-27-44 (Date received local registrar) (b) Rae Heyng (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th. year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1943, to Jan. 25 1944; that I last saw her alive on Jan. 25 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis general Arteriosclerotic Heart & Kidney	
Due to disease: Myocardial insufficiency	
Due to Hypertension	
Other conditions: Cardiac decompensation (Include pregnancy within 3 months of death)	1-23-44

Major findings:
Of operations: 1 3 2
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. E. Lemon M.D. (M. D. or other)

Address: St. Joseph, Mo. Date signed: 1-26-44

1235 (Licensed Embalmer's Statement on Reverse Side)

APR 18 1944

APR 19 1944

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.