No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17592

FILED JUN 4 1944

Registration District No. [illegible] Primary Registration District No. 1000 Registrar's No. 572

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph 2 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1722 Calhoun St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 80 Year's (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1
(c) City or town St. Joseph 2 (If outside city or town limits, write "RURAL")
(d) Street No. 1722 Calhoun St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country 1

3. (a) PRINT FULL NAME Caroline Rosina Zug

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

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased June (Month) 19 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	4	..... hr. ..... min.

9. Birthplace Buchanan County Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name David Whitman
13. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Nickle
15. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant L.A. Greene
(b) Address 3020 Messanie St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm Siedenfaden
(b) Address 1802 Union St.

19. (a) 5/26/44 (Date received local registrar) (b) Helen L. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 24 1944 to May 23 1944 that I last saw h.. alive on May 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Cerebral hemorrhage	Duration Sudden
Due to	Chronic Myocarditis - hypertension	
Due to		
Other conditions (Include pregnancy within 3 months of death)		

Major findings:
Of operations .....
Of autopsy .....

G3d

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 Dr. Raymond J. Curtis (M. D. or other)
Address 209-210 Robidoux Bldg Date signed 5/24/44

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 42 Primary Registration District No. 1002 Registrar's No. 672

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline R. Jug
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 19 (Day) 1856 (Year)

8. AGE: Years 80 Months 11 Days If less than one day hr. min.

9. Birthplace (City, town or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business home

MOTHER / FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Helen O Pickle (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 24 year 1936 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 (M. D. or other)
Address Date signed

17892