. S. No. 2
DM—8-43
v. 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

33729

State File No.

FILED NOV 15 1944

Registration District No. 42 Primary Registration District No. 10 Registrar's No. 1119

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: 1804 South 24th. St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (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.: 1804 South 24th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ida Mahaffey

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: Married

6. (b) Name of husband or wife: William G. Mahaffey

6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: April (Month) 23 (Day) 1864 (Year)

8. AGE: Years 80 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: Oshkosh (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William F. Kruckman
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Magdaline Ubele
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Wm. F. Mahaffey
(b) Address: 1804 So. 24th., St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/6/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn, Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Missouri

19. (a) 11-9-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd. year 1944 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from January 16, 1943 to Nov 3rd, 1944 that I last saw her alive on Nov 2nd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage with paralysis right side of the body — Duration

Due to: Hypertension

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 830
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: T. Thompson (M. D. or other)
Address: 825 Charles St Date signed

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 Elbert C. Harrington

Licensed Embalmer No. 5258 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.